

# **1997 Health Care Survey of DoD Beneficiaries:**

## **Summary Report on Catchment Areas for Region 4**

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## Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 4. The findings are summarized below.

### Satisfaction

- In Region 4, CTF patients (83 percent) were more likely than MTF patients (59 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 4 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Rucker and Fort McClellan, and highest (66 to 69 percent) at NH Millington and Keesler AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 4 (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (59 percent). This result also applies to each of the individual catchment areas in Region 4. The percentage of enrollees satisfied with TRICARE Prime is lowest (37 to 38 percent) at Columbus AFB and Redstone Arsenal. Satisfaction is highest (60 percent) at Keesler AFB.
- In Region 4, satisfaction with civilian care (75 to 86 percent) is greater than satisfaction with military care (57 to 63 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 4. At Tyndall AFB and Redstone Arsenal, however, active duty personnel are more satisfied with MTF care than with CTF care.
- Of the beneficiaries in Region 4 who reported being enrolled in TRICARE Prime, most (53 to 70 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (14 percent) were more likely than those over age 65 (2 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 4.
- In Region 4 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (56 percent) than among enrollees who have a military PCM (52 percent). However, in about half of the individual catchment areas in Region 4, satisfaction is higher among enrollees with a military PCM.

## Access to Care

- Of the beneficiaries in Region 4 who used an ER in the past 12 months TRICARE Prime enrollees (22 to 23 percent) were more likely than non-enrollees (12 to 19 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (13 to 15 percent) at Keesler AFB, Maxwell AFB, and Fort McClellan. The percentage is highest (36 to 37 percent) at Tyndall AFB and NH Pensacola.
- In Region 4, very few TRICARE Prime enrollees (5 to 6 percent) or non-enrollees (8 to 10 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. A 30-day wait is the TRICARE standard for a routine care appointment. Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas. In contrast, among all other types of patients, the percentage waiting more than 30 days varies little across catchment areas.
- In Region 4, MTF patients (28 to 35 percent) are more likely than CTF patients (24 to 25 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among both TRICARE Prime enrollees and non-enrollees, long office waits are most prevalent at NH Millington. In addition, compared with the average patient in Region 4, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider's office.
- Twenty-seven percent of patients in Region 4 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (33 percent), the difficulty of making appointments at a MTF (30 percent), and the higher quality of care at civilian facilities (23 percent). At NH Millington, the most commonly cited barrier to MTF use is the closing of the MTF usually used by the beneficiary (56 percent). For people outside of a catchment area, distance is the most common barrier (60 percent).

## Knowledge of TRICARE

- Only 29 percent of beneficiaries in Region 4 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (18 to 19 percent) at Eglin AFB, Tyndall AFB, and Keesler AFB. The percentage is highest (32 to 41 percent) at NH Millington and among beneficiaries who live outside of a catchment area.
- Among beneficiaries in Region 4 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (42 percent) were more likely than other types of beneficiaries (23 to 32 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is lowest (17 to 18 percent) at Tyndall AFB and Redstone Arsenal. The percentage is highest (34 to 40 percent) at Fort McClellan and NH Pensacola.
- In Region 4, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (60 percent), a TRICARE presentation (35 percent), and a military base newspaper (30 percent). This result applies to most of the individual catchment areas in Region 4 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center.

## Source of Care

- In Region 4, 12 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 24 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 55 percent of retirees, survivors, and family members age 65 or over. The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (18 to 22 percent) at Fort McClellan, NH Millington, and among beneficiaries living outside of a catchment area.

- In Region 4, 92 percent of active duty personnel use a MTF for their regular source of care, as do 67 percent of active duty family members. In contrast, this is true for only 30 percent of retirees and their family members under age 65, and 13 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 4.

### Use of Care

- In Region 4, the percentage of MTF patients with six or more outpatient visits was highest at Fort Rucker and Keesler AFB; the percentage was lowest at NH Millington and among patients in Region 4 who live outside of a catchment area. The percentage of CTF patients with six or more outpatient visits was highest at Redstone Arsenal and among patients outside of a catchment area; the percentage was lowest at NH Pensacola, Tyndall AFB, and Columbus AFB.
- The percentage of MTF patients with no outpatient visits was highest at NH Millington and among patients outside of a catchment area; the percentage was lowest at Fort McClellan, Keesler AFB, and Columbus AFB. The percentage of CTF patients with no outpatient visits was highest at Tyndall AFB and Keesler AFB; the percentage was lowest at NH Millington and among patients outside of a catchment area.

### Preventive Care

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 98 percent of beneficiaries in Region 4. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 4, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 4, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (76 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (65 to 69 percent) at NH Millington, Fort McClellan, and Redstone Arsenal. The percentage is highest (92 to 97 percent) at Fort Rucker and among enrollees outside of a catchment area.
- In Region 4, 83 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 77 percent at NH Pensacola to 90 percent at Fort Rucker.
- In Region 4, female beneficiaries who were enrolled in TRICARE Prime (91 to 97 percent) were more likely than their non-enrolled counterparts (81 to 85 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety percent of the female beneficiaries in Region 4 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and exceeds the 76 to 84 percent observed in the civilian sector.
- In Region 4, between 71 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Maxwell AFB and Columbus AFB, and lowest at NH Pensacola.

## **Enrollment and Beneficiary Health Status**

- Of the beneficiaries in Region 4 who reported knowing at least a little about TRICARE, 48 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (37 to 42 percent) at Redstone Arsenal and among beneficiaries outside of a catchment area. The level of enrollment is highest (60 percent) at Keesler AFB and Columbus AFB.
- In Region 4, between 43 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 43 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Redstone Arsenal and NH Pensacola tend to be less healthy than the average active duty enrollee in Region 4, while those at Columbus AFB and Tyndall AFB tend to be healthier than the average active duty enrollee.

## Chapter

# 1

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## Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. This chapter outlines the basic framework of the survey, how to use its findings, and findings of note.

## Research Questions

The HCSDB is designed to answer the following five questions:

- How satisfied are DoD beneficiaries with their health care?
- How accessible is health care at military and civilian facilities?
- How knowledgeable are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care services do beneficiaries use, and what are the sources of those services?
- How much, and what types of, preventive health care do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 4. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

## Reports in the Series

This report is the second in a series of three companion reports for Region 4, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 4.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions listed on page 1.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 4.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 4.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

## Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system (MHS) as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

## How to Interpret the Survey Findings

Focusing on the research questions underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each catchment area in Region 4. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across catchment areas (the explanatory variables)?" In other words, does the location of beneficiaries in a particular catchment area appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis). For example, in Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries who reported being satisfied with their health care in the catchment area indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are.

The margin of error for estimates based on all beneficiaries or all patients in Region 4 is less than 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 4 is about 2 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 3 to 6 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 4* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

## Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a MHS benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 4 included 11,530 adults and 2,540 parents of sampled children. Of the adults, 6,164 returned completed questionnaires by the due date, for a response rate of 54.5 percent; 1,234 parents of sampled children did the same, for a response rate of 48.9 percent.

To ensure that the survey results would be representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 4. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

## The HCSDB in Context with Other Data Sources

The HCSDB, one of several DoD health surveys, is unique in that it provides information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed on page 1 for *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only source of information on these topics for the entire population a Lead Agent or a MTF commander is charged with.

The following summary shows how the HCSDB differs from other DoD data sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all MHS beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.



## **The Findings in Context with a National Civilian Benchmark**

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

## **Preventive Care Standards**

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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## Chapter

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## Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for each catchment area in Region 4, based on these findings, is included in Chapter 9.

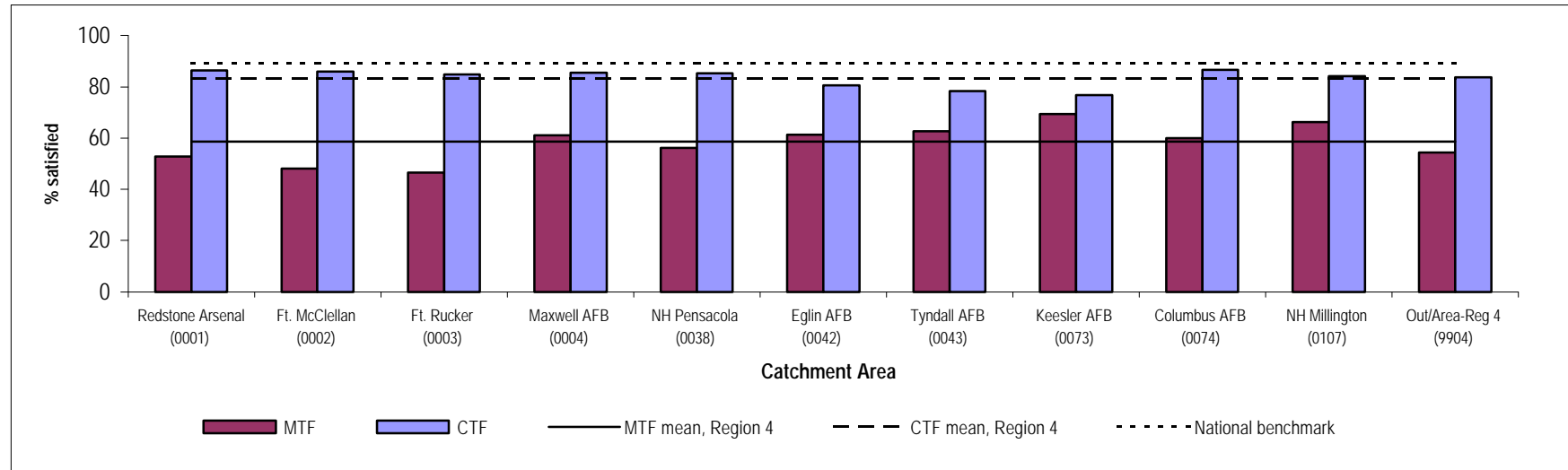
### All Beneficiaries Who Received Care in the Past 12 Months

- In Region 4, CTF patients (83 percent) were more likely than MTF patients (59 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 4 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Rucker and Fort McClellan, and highest (66 to 69 percent) at NH Millington and Keesler AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 4 (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (59 percent). This result also applies to each of the individual catchment areas in Region 4. The percentage of enrollees satisfied with TRICARE Prime is lowest (37 to 38 percent) at Columbus AFB and Redstone Arsenal. Satisfaction is highest (60 percent) at Keesler AFB.
- In Region 4, satisfaction with civilian care (75 to 86 percent) is greater than satisfaction with military care (57 to 63 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 4. At Tyndall AFB and Redstone Arsenal, however, active duty personnel are more satisfied with MTF care than with CTF care.

### Enrolled Beneficiaries

- Of the beneficiaries in Region 4 who reported being enrolled in TRICARE Prime, most (53 to 70 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (14 percent) were more likely than those over age 65 (2 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 4.
- In Region 4 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (56 percent) than among enrollees who have a military PCM (52 percent). However, in about half of the individual catchment areas in Region 4, satisfaction is higher among enrollees with a military PCM.

## 2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark



### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 5,731

### Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

**Survey questions:** 51a and 66a

### What the exhibit shows:

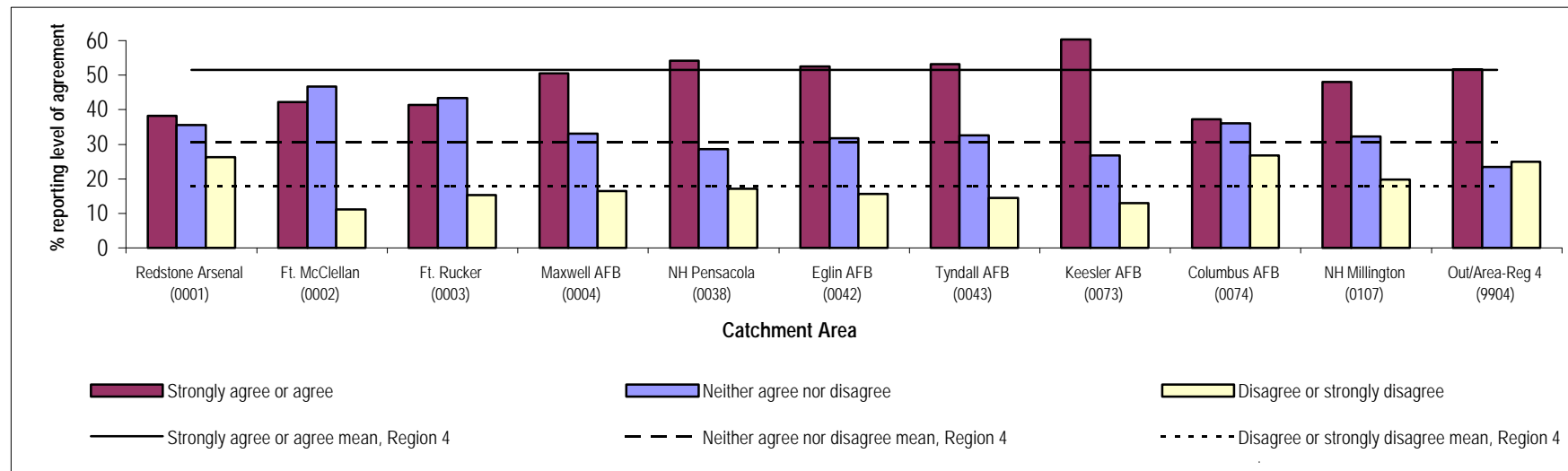
- How satisfaction with care varies across catchment areas in Region 4
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

### Findings:

Beneficiaries who received some care at a MTF or CTF or both during the 12 months preceding the survey are referred to as patients throughout this report. In Region 4, CTF patients (83 percent) were more likely than MTF patients (59 percent) to be satisfied with their care. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.

Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 4 catchment area. Across catchment areas in Region 4, the percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Rucker and Fort McClellan, and highest (66 to 69 percent) at NH Millington and Keesler AFB. The percentage of patients satisfied with CTF care varies little across catchment areas, ranging from 77 percent at Keesler AFB to 87 percent at Columbus AFB.

## 2.2 TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area



### Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

**Sample size:** 2,116

### Vertical axis:

The percent of the sample reporting a given level of satisfaction

**Survey question:** 82a

### What the exhibit shows:

- How satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across catchment areas

### Findings:

Fifty-one percent of the TRICARE Prime enrollees in Region 4 reported being satisfied with the care they received, while 18 percent reported being dissatisfied. The proportion of enrollees who are satisfied with TRICARE Prime (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (59 percent).

Across catchment areas in Region 4, the percentage of enrollees satisfied with TRICARE Prime is lowest (37 to 38 percent) at Columbus AFB and Redstone Arsenal. Satisfaction is highest (60 percent) at Keesler AFB. In every catchment area, the proportion of enrollees who are satisfied with TRICARE Prime is less than the proportion of patients who are satisfied with MTF care in general.

## 2.3 Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary							
		Active Duty Personnel		Active Duty Family Members		Retirees, Survivors, and Family Under Age 65		Retirees, Survivors, and Family Age 65 or Over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Redstone Arsenal (0001)	21,339	55.9	55.6	40.4	91.3	59.7	86.5	35.4	89.0
Ft. McClellan (0002)	12,284	43.8	83.7	55.5	71.1	49.2	90.4	49.4	88.1
Ft. Rucker (0003)	21,113	47.1	72.3	51.2	85.7	42.1	83.0	54.4	91.0
Maxwell AFB (0004)	27,357	66.6	71.7	61.0	75.4	57.8	86.6	58.1	90.7
NH Pensacola (0038)	46,249	54.0	71.2	57.0	79.5	55.1	89.0	63.9	84.7
Eglin AFB (0042)	57,944	63.5	72.5	59.4	77.3	60.3	79.6	62.5	87.0
Tyndall AFB (0043)	20,679	66.9	46.4	67.3	76.0	60.1	82.2	51.9	81.0
Keesler AFB (0073)	37,199	54.5	62.2	75.5	72.8	77.4	79.0	72.0	78.5
Columbus AFB (0074)	5,072	53.5	78.6	63.3	95.2	61.3	84.5	66.5	86.2
NH Millington (0107)	20,245	70.8	75.3	82.5	80.6	63.1	84.6	54.4	85.6
Out/Area-Reg 4 (9904)	152,538	60.7	83.7	71.6	78.8	48.5	83.1	51.9	86.3
Region 4 Overall	422,018	58.4	74.9	63.1	78.9	57.0	83.7	57.3	86.1
MHS Average	5,539,478	57.1	74.4	55.8	80.6	61.5	83.3	63.1	85.1

### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 5,731

**Survey questions:** 51a and 66a

### What the exhibit shows:

- Whether some patients are more satisfied with their care than others
- Whether satisfaction varies by type of facility
- How findings vary across catchment areas

### Findings:

Satisfaction with civilian care in Region 4 is greater than satisfaction with military care among every type of beneficiary. Between 57 and 63 percent of beneficiaries are satisfied with MTF care, compared with 75 to 86 percent who are satisfied with CTF care. Active duty personnel and their family members are generally less satisfied with CTF care than are retirees, survivors, and their family members.

In most catchment areas in Region 4, satisfaction with CTF care is greater than satisfaction with MTF care among every type of beneficiary. At Tyndall AFB and Redstone Arsenal, however, active duty personnel are more satisfied with MTF care than with CTF care. Note that in many catchment areas, the sample of active duty CTF patients is too small to yield accurate estimates of satisfaction.

## 2.4a Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	16,984	68.1	59.9	14.1	1.2
Ft. McClellan (0002)	10,018	61.6	75.1	10.8	0.0
Ft. Rucker (0003)	16,164	53.9	72.9	11.2	0.0
Maxwell AFB (0004)	21,949	60.5	78.8	16.7	5.5
NH Pensacola (0038)	37,769	45.5	64.6	9.2	6.7
Eglin AFB (0042)	50,926	63.5	73.5	11.1	3.0
Tyndall AFB (0043)	17,983	69.4	80.3	12.0	1.8
Keesler AFB (0073)	31,780	57.4	74.7	20.8	6.3
Columbus AFB (0074)	3,868	69.8	59.8	14.5	2.4
NH Millington (0107)	14,729	49.2	63.5	9.4	3.2
Out/Area-Reg 4 (9904)	93,146	29.5	64.7	15.4	0.0
Region 4 Overall	315,315	53.0	69.7	13.6	2.4
MHS Average	3,803,675	51.4	69.4	16.8	4.5

### Population:

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 4,167

**Survey question:** 83

### What the exhibit shows:

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

### Findings:

Of the beneficiaries in Region 4 who reported being enrolled in TRICARE Prime, most plan to re-enroll in the next 12 months, including 53 percent of active duty enrollees and 70 percent of non-active duty enrollees. Of the beneficiaries who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (14 percent) were more likely than those age 65 or over (2 percent) to enroll in the next 12 months.

These region-wide patterns also apply to most of the individual catchment areas in Region 4 -- enrollees are likely to re-enroll and non-enrollees, particularly older ones, are unlikely to enroll. Only at NH Pensacola (46 percent), NH Millington (49 percent) and outside of Region 4 catchment areas (30 percent) do fewer than half of active duty enrollees plan to re-enroll. The percentage of active-duty enrollees who plan to re-enroll is highest (68 to 70 percent) at Redstone Arsenal, Tyndall AFB, and Columbus AFB.

## 2.4b Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	16,984	19.7	29.4	74.7	93.4
Ft. McClellan (0002)	10,018	23.3	15.1	70.7	89.2
Ft. Rucker (0003)	16,164	21.1	17.6	75.5	83.7
Maxwell AFB (0004)	21,949	21.4	13.7	70.5	85.0
NH Pensacola (0038)	37,769	23.6	25.8	73.3	85.1
Eglin AFB (0042)	50,926	24.2	17.2	73.6	86.0
Tyndall AFB (0043)	17,983	11.1	14.8	66.7	85.6
Keesler AFB (0073)	31,780	24.3	16.2	56.8	83.5
Columbus AFB (0074)	3,868	18.1	33.3	59.8	81.4
NH Millington (0107)	14,729	28.8	25.4	71.7	82.1
Out/Area-Reg 4 (9904)	93,146	50.5	23.7	62.6	79.3
Region 4 Overall	315,315	27.4	20.6	67.9	83.4
MHS Average	3,803,675	25.4	17.2	58.6	77.6

**Population:**

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 4,167

**Survey question:** 83

**What the exhibit shows:**

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

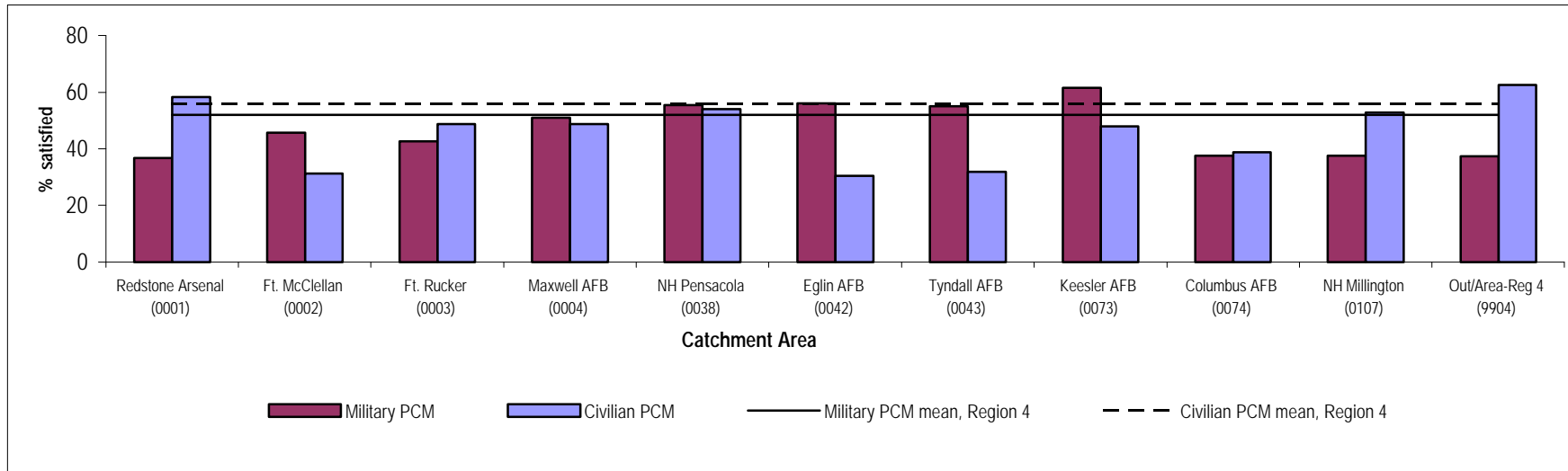
**Findings:**

Of the active duty beneficiaries in Region 4 who reported being enrolled in TRICARE Prime, 27 percent do not plan to re-enroll in the next 12 months. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime.

The percentage of active duty enrollees who do not plan to re-enroll is highest (51 percent) among people outside of a catchment area. The percentage is lowest (11 to 18 percent) at Tyndall AFB and Columbus AFB.



## 2.5 TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager



### Population:

Beneficiaries enrolled in TRICARE Prime

Sample size: 2,517

### Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

Survey questions: 79 and 82a

### What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime varies by type of PCM
- How findings vary across catchment areas

### Findings:

In Region 4 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (56 percent) than among enrollees who have a military PCM (52 percent). However, in about half of the individual catchment areas in Region 4, satisfaction is higher among enrollees with a military PCM.

Among enrollees with a military PCM, satisfaction is lowest (37 percent) at Redstone Arsenal and outside of Region 4 catchment areas, and highest (62 percent) at Keesler AFB. Among enrollees with a civilian PCM, satisfaction is lowest (30 to 32 percent) at Eglin AFB, Fort McClellan and Tyndall AFB, and highest (63 percent) outside of Region 4 catchment areas.

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Chapter

3

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## Access to Health Care

This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

### The key findings are:

- Of the beneficiaries in Region 4 who used an ER in the past 12 months TRICARE Prime enrollees (22 to 23 percent) were more likely than non-enrollees (12 to 19 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (13 to 15 percent) at Keesler AFB, Maxwell AFB, and Fort McClellan. The percentage is highest (36 to 37 percent) at Tyndall AFB and NH Pensacola.
- In Region 4, very few TRICARE Prime enrollees (5 to 6 percent) or non-enrollees (8 to 10 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. A 30-day wait is the TRICARE standard for a routine care appointment. Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas. In contrast, among all other types of patients, the percentage waiting more than 30 days varies little across catchment areas.
- In Region 4, MTF patients (28 to 35 percent) are more likely than CTF patients (24 to 25 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among both TRICARE Prime enrollees and non-enrollees, long office waits are most prevalent at NH Millington. In addition, compared with the average patient in Region 4, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider's office.
- Twenty-seven percent of patients in Region 4 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (33 percent), the difficulty of making appointments at a MTF (30 percent), and the higher quality of care at civilian facilities (23 percent). At NH Millington, the most commonly cited barrier to MTF use is the closing of the MTF usually used by the beneficiary (56 percent). For people outside of a catchment area, distance is the most common barrier (60 percent).

### 3.1 Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	9,987	23.6	25.1	15.6	21.0
Ft. McClellan (0002)	5,945	15.4	22.0	13.7	16.8
Ft. Rucker (0003)	9,596	16.2	27.7	22.8	10.0
Maxwell AFB (0004)	11,939	14.6	18.6	23.8	12.6
NH Pensacola (0038)	20,319	37.2	16.4	8.1	6.2
Eglin AFB (0042)	27,201	18.9	23.7	19.9	16.5
Tyndall AFB (0043)	10,011	35.9	39.7	34.5	15.5
Keesler AFB (0073)	21,264	12.7	23.1	37.8	18.6
Columbus AFB (0074)	2,158	29.3	12.8	22.9	21.5
NH Millington (0107)	8,258	17.4	16.4	15.8	20.3
Out/Area-Reg 4 (9904)	65,596	30.8	20.1	16.5	7.8
Region 4 Overall	192,274	23.4	22.3	18.9	11.7
MHS Average	2,476,397	17.8	21.6	16.2	12.6

**Population:**

All beneficiaries who reported using an ER in the past 12 months

**Sample size:** 2,671

**Survey question:** 33

**What the exhibit shows:**

- Whether beneficiaries have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment status and type of enrollee
- How the findings vary across catchment areas

**Findings:**

Of the beneficiaries in Region 4 who used an ER in the past 12 months TRICARE Prime enrollees (22 to 23 percent) were more likely than non-enrollees (12 to 19 percent) to report using the ER because they could not get an appointment with their usual health care provider.

The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (13 to 15 percent) at Keesler AFB, Maxwell AFB, and Fort McClellan. The percentage is highest (36 to 37 percent) at Tyndall AFB and NH Pensacola. The rate of ER use at Tyndall AFB exceeds the Region 4 average among every type of beneficiary.

### 3.2 Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Redstone Arsenal (0001)	21,339	1.8	9.4	21.1	4.4
Ft. McClellan (0002)	12,284	5.3	4.5	1.1	5.7
Ft. Rucker (0003)	21,113	12.3	2.7	10.3	7.1
Maxwell AFB (0004)	27,357	6.8	1.6	9.4	5.6
NH Pensacola (0038)	46,249	4.2	3.1	6.5	10.0
Eglin AFB (0042)	57,944	7.0	2.5	9.0	3.7
Tyndall AFB (0043)	20,679	3.8	13.2	18.8	7.8
Keesler AFB (0073)	37,199	4.0	6.2	13.3	9.3
Columbus AFB (0074)	5,072	2.7	10.1	6.0	7.5
NH Millington (0107)	20,245	1.0	4.5	3.3	7.5
Out/Area-Reg 4 (9904)	152,538	4.3	7.8	6.5	8.5
Region 4 Overall	422,018	5.3	6.0	9.5	7.5
MHS Average	5,539,478	5.7	5.1	12.8	9.0

**Population:**

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 5,731

**Survey questions:** 50a and 65a

**What the exhibit shows:**

- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- Whether waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

**Findings:**

In Region 4, very few TRICARE Prime enrollees (5 to 6 percent) or non-enrollees (8 to 10 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. A 30-day wait is the TRICARE standard for a routine care appointment.

Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas, from less than 4 percent at Fort McClellan and NH Millington, to 21 percent at Redstone Arsenal. In contrast, among all other types of patients, the percentage waiting more than 30 days varies little across catchment areas. In nearly all catchment areas, fewer than 10 percent of these patients wait more than 30 days for an appointment.

### 3.3 Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Redstone Arsenal (0001)	21,339	28.7	12.8	30.9	18.5
Ft. McClellan (0002)	12,284	25.2	28.5	27.8	27.0
Ft. Rucker (0003)	21,113	40.3	15.1	37.1	20.4
Maxwell AFB (0004)	27,357	19.1	22.6	31.5	22.9
NH Pensacola (0038)	46,249	42.1	13.5	39.8	13.4
Eglin AFB (0042)	57,944	20.4	15.0	46.5	15.8
Tyndall AFB (0043)	20,679	13.9	23.3	23.3	19.1
Keesler AFB (0073)	37,199	27.7	15.4	31.2	19.7
Columbus AFB (0074)	5,072	14.0	31.5	23.3	26.7
NH Millington (0107)	20,245	43.0	33.6	40.7	30.4
Out/Area-Reg 4 (9904)	152,538	30.3	34.2	32.2	28.4
Region 4 Overall	422,018	27.8	24.9	34.7	23.8
MHS Average	5,539,478	32.1	17.3	32.7	16.1

**Population:**

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 5,731

**Survey questions:** 48 and 63

**What the exhibit shows:**

- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

**Findings:**

In Region 4, MTF patients (28 to 35 percent) are more likely than CTF patients (24 to 25 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes.

Among both TRICARE Prime enrollees and non-enrollees, long office waits are most prevalent at NH Millington. In addition, compared with the average patient in Region 4, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider's office.

### 3.4 Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area

Catchment Area	Population	Reasons Reported											
		Never try to use MTF	No care needed in past 12 months	MTF is too far away	Hard to get an appointment at MTF	Can't see the same provider each visit	MTF usually used is closed	Needed services not available	Better care at civilian provider	Ineligible for military care	No appt. avail. for beneficiary like me	Difficult to find a parking space	Other
Redstone Arsenal (0001)	16,705	19.9	9.8	7.0	34.1	21.2	10.2	25.9	34.7	9.8	16.0	1.1	19.0
Ft. McClellan (0002)	6,336	21.1	10.2	6.0	31.7	21.3	10.9	36.8	33.5	8.1	14.6	1.2	15.3
Ft. Rucker (0003)	11,963	21.1	8.9	9.3	28.4	23.1	2.0	29.2	35.7	3.2	11.1	1.1	18.6
Maxwell AFB (0004)	15,726	21.8	9.4	5.9	45.2	19.5	0.2	20.6	32.2	6.6	28.8	0.4	22.2
NH Pensacola (0038)	26,745	21.6	18.6	6.6	30.6	25.1	1.1	17.6	30.2	13.6	17.9	3.4	24.3
Eglin AFB (0042)	29,140	19.1	11.1	7.4	49.5	20.6	0.2	15.3	25.1	10.1	40.2	2.9	14.2
Tyndall AFB (0043)	10,112	15.5	13.2	8.5	39.1	17.5	2.9	23.2	24.4	6.0	28.2	0.2	19.4
Keesler AFB (0073)	13,592	15.5	11.9	8.8	48.8	20.0	0.3	16.2	19.7	11.1	31.7	3.4	17.9
Columbus AFB (0074)	2,219	14.2	16.5	9.2	27.0	17.8	1.4	38.6	18.9	5.2	10.3	0.0	16.5
NH Millington (0107)	18,819	22.8	7.7	15.8	15.1	10.4	56.1	21.2	22.8	4.1	12.3	0.3	7.8
Out/Area-Reg 4 (9904)	136,032	34.6	7.8	60.4	22.7	10.5	3.3	10.8	17.0	6.3	10.5	0.6	13.3
Region 4 Overall	287,387	26.9	9.9	33.0	29.8	15.5	6.4	16.2	22.8	7.5	17.4	1.2	15.6
MHS Average	3,467,507	26.4	11.7	37.1	27.0	15.9	10.5	12.3	23.3	7.3	12.5	2.2	16.7

#### Population:

Beneficiaries who received some care from a MTF but most of their care from a CTF during the 12 months preceding their survey response

**Sample size:** 3,709

**Survey question:** 56

#### What the exhibit shows:

- Why patients who reported getting most of their care from a civilian facility chose to do so
- How findings vary across catchment areas

#### Findings:

Twenty-seven percent of patients in Region 4 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (33 percent), the difficulty of making appointments at a MTF (30 percent), and the higher quality of care at civilian facilities (23 percent).

In most catchment areas in Region 4, the difficulty of making an appointment at a MTF is the most commonly cited barrier to MTF use. At NH Millington, the most common reason is the closing of the MTF usually used by the beneficiary (56 percent). For people outside of a catchment area, the distance from a MTF is the most common barrier (60 percent).

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Chapter

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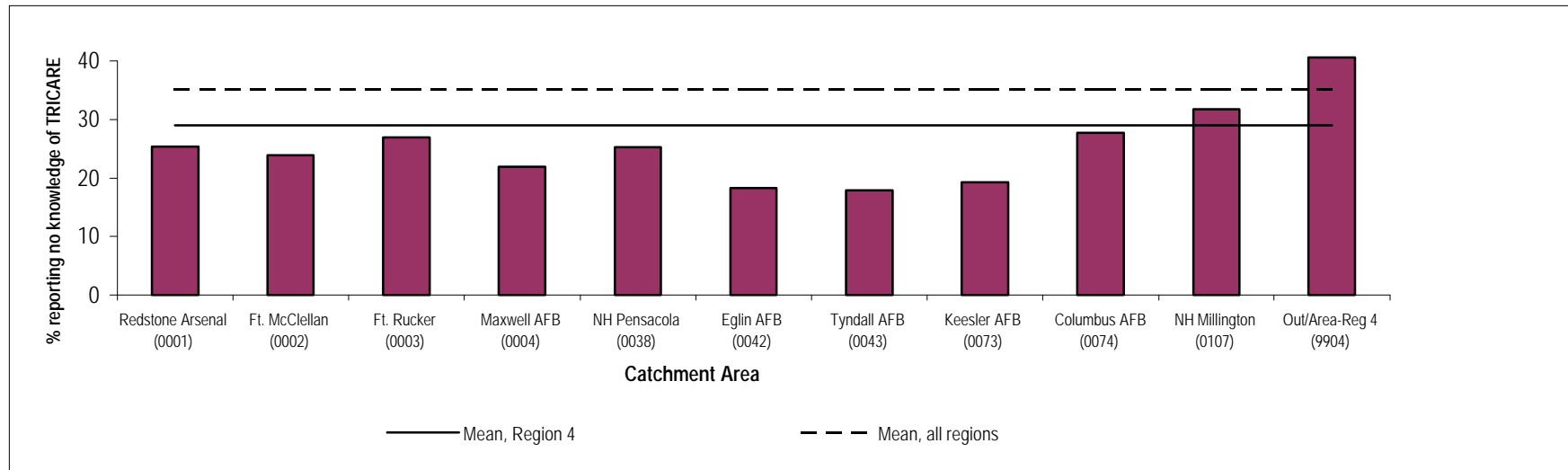
## Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

### The key findings are:

- Only 29 percent of beneficiaries in Region 4 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (18 to 19 percent) at Eglin AFB, Tyndall AFB, and Keesler AFB. The percentage is highest (32 to 41 percent) at NH Millington and among beneficiaries who live outside of a catchment area.
- Among beneficiaries in Region 4 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (42 percent) were more likely than other types of beneficiaries (23 to 32 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is lowest (17 to 18 percent) at Tyndall AFB and Redstone Arsenal. The percentage is highest (34 to 40 percent) at Fort McClellan and NH Pensacola.
- In Region 4, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (60 percent), a TRICARE presentation (35 percent), and a military base newspaper (30 percent). This result applies to most of the individual catchment areas in Region 4 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center.

## 4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area



### Population:

All beneficiaries

**Sample size:** 6,201

### Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

**Survey question:** 71

### What the exhibit shows:

- What percent of beneficiaries in the MHS and in Region 4 have no knowledge of TRICARE
- How this percentage varies across catchment areas

### Findings:

Only 29 percent of beneficiaries in Region 4 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (18 to 19 percent) at Eglin AFB, Tyndall AFB, and Keesler AFB. The percentage is highest (32 to 41 percent) at NH Millington and among beneficiaries who live outside of a catchment area.

## 4.2 Percent of Beneficiaries in Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Redstone Arsenal (0001)	16,984	17.6	16.9	27.8	44.6
Ft. McClellan (0002)	10,018	33.5	15.0	31.6	31.8
Ft. Rucker (0003)	16,164	24.7	28.6	30.0	38.5
Maxwell AFB (0004)	21,949	23.0	20.1	27.6	36.2
NH Pensacola (0038)	37,769	39.6	22.7	31.3	41.4
Eglin AFB (0042)	50,926	20.6	20.4	24.7	43.2
Tyndall AFB (0043)	17,983	16.7	16.1	21.5	31.7
Keesler AFB (0073)	31,780	21.8	23.5	22.2	33.4
Columbus AFB (0074)	3,868	25.6	19.4	29.0	39.2
NH Millington (0107)	14,729	21.0	16.2	40.0	45.8
Out/Area-Reg 4 (9904)	93,146	22.6	30.5	38.5	45.6
Region 4 Overall	315,315	25.2	23.0	31.5	41.8
MHS Average	3,803,675	29.9	26.1	37.1	47.1

### Population:

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 4,167

**Survey question:** 73a

### What the exhibit shows:

- The percentage of beneficiaries that have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings vary across catchment areas

### Findings:

Among beneficiaries in Region 4 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (42 percent) were more likely than other types of beneficiaries (23 to 32 percent) to have unclear information about enrolling in TRICARE Prime.

The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is lowest (17 to 18 percent) at Tyndall AFB and Redstone Arsenal. The percentage is highest (34 to 40 percent) at Fort McClellan and NH Pensacola.

### 4.3 Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area

Catchment Area	Population	Sources of Information Used										
		TRICARE presentation	Information package	Military doctor	Civilian doctor	TRICARE information number	Military base newspaper	Regional newspaper	Friends and neighbors	TRICARE Service Center	Radio/TV	Other
Redstone Arsenal (0001)	16,984	30.0	57.0	21.5	6.9	20.2	34.8	14.1	28.9	27.1	4.1	19.0
Ft. McClellan (0002)	10,018	41.9	53.0	13.5	2.2	17.9	31.9	7.7	23.6	37.2	1.9	19.0
Ft. Rucker (0003)	16,164	41.4	59.5	21.6	7.8	14.7	35.1	4.7	36.0	32.1	2.8	19.5
Maxwell AFB (0004)	21,949	45.7	59.9	22.3	6.7	22.8	44.4	9.0	31.3	25.9	1.3	14.9
NH Pensacola (0038)	37,769	31.8	54.2	19.8	9.1	17.8	32.2	27.6	34.6	30.6	5.6	19.5
Eglin AFB (0042)	50,926	42.7	65.2	21.4	10.4	17.3	43.6	33.1	45.6	19.1	4.7	15.4
Tyndall AFB (0043)	17,983	53.5	57.4	21.8	8.6	18.9	33.4	5.4	40.0	26.7	1.6	17.9
Keesler AFB (0073)	31,780	38.6	62.3	22.3	3.7	21.7	36.0	15.6	35.0	28.0	4.8	16.8
Columbus AFB (0074)	3,868	37.8	62.7	22.9	6.5	14.3	33.5	3.6	32.4	27.0	2.2	17.7
NH Millington (0107)	14,729	30.8	54.3	12.3	6.9	22.3	29.4	8.2	23.6	18.7	1.4	21.9
Out/Area-Reg 4 (9904)	93,146	24.8	62.8	11.1	7.7	25.1	14.5	3.0	16.8	13.0	2.2	21.7
Region 4 Overall	315,315	35.1	60.4	17.7	7.6	20.8	30.3	13.7	30.1	22.2	3.3	18.8
MHS Average	3,803,675	33.2	56.5	15.2	4.4	16.4	30.8	7.2	25.4	20.6	2.4	23.4

#### Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 4,167

Survey question: 72

#### What the exhibit shows:

- The sources of information about TRICARE that beneficiaries use
- Which information sources are most commonly used in each catchment area

#### Findings:

In Region 4, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (60 percent), a TRICARE presentation (35 percent), and a military base newspaper (30 percent). This result applies to most of the individual catchment areas in Region 4 as well.

Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center. Beneficiaries who live outside of a catchment area were less likely than the average beneficiary in Region 4 to receive information via a military base newspaper, a TRICARE presentation, a TRICARE service center, or friends and neighbors.

Chapter

5

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## Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

### The key findings are:

- In Region 4, 12 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 24 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 55 percent of retirees, survivors, and family members age 65 or over. The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (18 to 22 percent) at Fort McClellan, NH Millington, and among beneficiaries living outside of a catchment area.
- In Region 4, 92 percent of active duty personnel use a MTF for their regular source of care, as do 67 percent of active duty family members. In contrast, this is true for only 30 percent of retirees and their family members under age 65, and 13 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 4.

## 5.1 Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Redstone Arsenal (0001)	23,418	7.4	33.1	37.3	61.8
Ft. McClellan (0002)	13,379	17.9	34.4	38.8	60.9
Ft. Rucker (0003)	23,136	8.1	33.8	49.3	66.7
Maxwell AFB (0004)	29,018	9.8	22.0	54.9	68.6
NH Pensacola (0038)	51,814	4.5	29.0	51.9	67.5
Eglin AFB (0042)	63,773	6.7	20.2	55.0	79.3
Tyndall AFB (0043)	22,506	12.9	17.6	48.4	70.6
Keesler AFB (0073)	40,527	14.3	16.1	38.7	60.7
Columbus AFB (0074)	5,551	9.1	42.1	38.0	56.9
NH Millington (0107)	22,431	22.0	40.4	48.2	74.3
Out/Area-Reg 4 (9904)	163,878	20.8	21.5	21.1	39.8
Region 4 Overall	459,430	11.6	23.9	37.4	55.3
MHS Average	6,094,167	9.1	24.1	26.7	41.0

### Population:

All beneficiaries

**Sample size:** 6,201

**Survey questions:** 53

### What the exhibit shows:

- Whether beneficiaries use military pharmacies to fill prescriptions written by civilian provider
- How usage varies by the type of beneficiary
- How findings vary across catchment areas

### Findings:

In Region 4, 12 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 24 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 55 percent of retirees, survivors, and family members age 65 or over.

The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (18 to 22 percent) at Fort McClellan, NH Millington, and among beneficiaries living outside of a catchment area. Retirees, survivors, and family members that live outside of a catchment area were much less likely than those in a catchment area to use a military pharmacy to fill a civilian prescription.

## 5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary											
		Active Duty Personnel			Active Duty Family Members			Retirees, Survivors, and Family Under Age 65			Retirees, Survivors, and Family Age 65 or Over		
		MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other
Redstone Arsenal (0001)	21,688	79.6	14.0	6.4	78.8	19.8	1.4	35.1	61.4	3.5	6.6	89.7	3.7
Ft. McClellan (0002)	11,326	82.5	17.5	0.0	84.6	15.4	0.0	45.0	50.3	4.7	17.8	79.4	2.8
Ft. Rucker (0003)	21,038	98.9	1.1	0.0	76.5	21.1	2.3	43.9	54.6	1.5	22.2	73.9	4.0
Maxwell AFB (0004)	26,903	91.7	6.5	1.9	92.2	7.8	0.0	31.7	67.3	0.9	11.9	87.5	0.5
NH Pensacola (0038)	46,144	96.0	2.0	2.0	75.4	23.4	1.2	37.6	61.9	0.4	23.9	69.0	7.1
Eglin AFB (0042)	57,104	98.8	1.2	0.0	83.5	14.8	1.7	41.3	58.7	0.0	19.9	75.4	4.7
Tyndall AFB (0043)	20,397	98.6	1.4	0.0	95.0	5.0	0.0	54.3	44.1	1.6	27.7	69.4	3.0
Keesler AFB (0073)	35,311	97.2	1.4	1.4	92.8	5.3	1.9	64.3	33.6	2.1	40.8	55.2	4.0
Columbus AFB (0074)	5,092	96.2	2.9	1.0	93.1	5.2	1.7	62.5	32.3	5.2	35.0	64.4	0.6
NH Millington (0107)	19,972	81.4	15.6	3.0	24.3	72.5	3.2	9.1	87.0	3.9	5.2	87.5	7.3
Out/Area-Reg 4 (9904)	148,737	78.9	21.1	0.0	17.6	80.9	1.5	12.8	86.1	1.1	3.8	92.7	3.5
Region 4 Overall	413,713	92.2	6.9	0.9	67.1	31.5	1.4	29.5	69.1	1.4	12.9	83.1	4.0
MHS Average	5,509,387	90.4	6.8	1.1	70.6	25.2	2.3	27.7	64.1	4.3	14.9	73.1	7.1

### Population:

Beneficiaries who reported having a usual source of care

**Sample size:** 5,649

**Survey question:** 31

### What the exhibit shows:

- Types of facilities from which beneficiaries usually seek care
- How the usual source of care varies by the type of beneficiary
- How findings vary across catchment areas

### Findings:

In Region 4, 92 percent of active duty personnel use a MTF for their regular source of care, as do 67 percent of active duty family members. In contrast, this is true for only 30 percent of retirees and their family members under age 65, and 13 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead.

This pattern -- MTF use by active duty personnel and their family members and CTF use by retirees, survivors, and their family members -- also appears in most catchment areas in Region 4. At Keesler AFB and Columbus AFB, the rate of MTF use exceeds the Region 4 average among all types of beneficiaries. In contrast, at NH Millington and outside of catchment areas, the rate of CTF use exceeds the Region 4 average among all types of beneficiaries.

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Chapter

6

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## Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDb asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

### The key findings are:

- In Region 4, the percentage of MTF patients with six or more outpatient visits was highest at Fort Rucker and Keesler AFB; the percentage was lowest at NH Millington and among patients in Region 4 who live outside of a catchment area. The percentage of CTF patients with six or more outpatient visits was highest at Redstone Arsenal and among patients outside of a catchment area; the percentage was lowest at NH Pensacola, Tyndall AFB, and Columbus AFB.
- The percentage of MTF patients with no outpatient visits was highest at NH Millington and among patients outside of a catchment area; the percentage was lowest at Fort McClellan, Keesler AFB, and Columbus AFB. The percentage of CTF patients with no outpatient visits was highest at Tyndall AFB and Keesler AFB; the percentage was lowest at NH Millington and among patients outside of a catchment area.

### 6.1a Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Redstone Arsenal (0001)	21,339	31.2	40.1	19.7	50.3
Ft. McClellan (0002)	12,284	36.0	25.4	19.2	42.4
Ft. Rucker (0003)	21,113	44.4	39.5	29.9	43.9
Maxwell AFB (0004)	27,357	34.7	27.6	19.6	51.1
NH Pensacola (0038)	46,249	35.7	20.9	21.9	45.0
Eglin AFB (0042)	57,944	32.3	19.6	18.7	56.7
Tyndall AFB (0043)	20,679	32.3	22.6	19.7	43.0
Keesler AFB (0073)	37,199	34.0	18.3	31.2	47.6
Columbus AFB (0074)	5,072	28.5	20.7	19.6	43.5
NH Millington (0107)	20,245	25.2	42.9	17.5	47.2
Out/Area-Reg 4 (9904)	152,538	25.0	46.3	18.5	46.2
Region 4 Overall	422,018	32.6	33.2	21.3	47.5
MHS Average	5,539,478	33.1	28.4	26.1	47.3

**Population:**

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

**Sample size:** 5,731

**Survey questions:** 46 and 61

**What the exhibit shows:**

- The percent of patients who had six or more outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

**Findings:**

In the 12 months preceding the survey, about one-third of TRICARE Prime enrollees in Region 4 had six or more outpatient visits, regardless of whether care was received at a MTF or CTF. In contrast, among non-enrollees, MTF patients (21 percent) were less likely than CTF patients (48 percent) to have six or more outpatient visits.

Compared with the average MTF patient in Region 4, MTF patients at Fort Rucker and Keesler AFB were more likely to have six or more outpatient visits. MTF patients at NH Millington and outside of catchment areas were least likely to have six or more visits.

Compared with the average CTF patient in Region 4, CTF patients at Redstone Arsenal and outside of catchment areas were more likely to have six or more outpatient visits. CTF patients at NH Pensacola, Tyndall AFB, and Columbus AFB were least likely to have six or more visits.

## 6.1b Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Redstone Arsenal (0001)	21,339	8.8	9.4	32.5	2.8
Ft. McClellan (0002)	12,284	3.4	13.5	28.5	3.5
Ft. Rucker (0003)	21,113	8.1	8.8	19.4	7.6
Maxwell AFB (0004)	27,357	5.1	6.2	35.8	5.5
NH Pensacola (0038)	46,249	7.6	16.8	34.6	3.8
Eglin AFB (0042)	57,944	10.1	18.3	35.4	1.9
Tyndall AFB (0043)	20,679	9.2	18.7	28.5	4.9
Keesler AFB (0073)	37,199	4.6	16.7	19.1	7.3
Columbus AFB (0074)	5,072	6.0	21.4	20.1	3.0
NH Millington (0107)	20,245	15.0	4.1	47.3	3.7
Out/Area-Reg 4 (9904)	152,538	20.0	2.6	44.4	3.8
Region 4 Overall	422,018	9.7	9.9	34.7	4.1
MHS Average	5,539,478	9.5	17.9	30.6	5.2

### Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

**Sample size:** 5,731

**Survey questions:** 46 and 61

### What the exhibit shows:

- The percent of patients who had no outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

### Findings:

In the 12 months preceding the survey, about 10 percent of TRICARE Prime enrollees in Region 4 had no outpatient visits, regardless of whether care was received at a MTF or CTF. In contrast, among non-enrollees, MTF patients (35 percent) were much more likely than CTF patients (4 percent) to have no outpatient visits.

Compared with the average MTF patient in Region 4, MTF patients at NH Millington and those outside catchment areas were more likely to have no outpatient visits. MTF patients at Fort McClellan, Keesler AFB, and Columbus AFB were least likely to have no visits.

Compared with the average CTF patient in Region 4, CTF patients at Tyndall AFB and Keesler AFB were more likely to have no outpatient visits. CTF patients at NH Millington and those outside catchment areas were the least likely to have no visits.

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## Chapter

# 7

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## Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

### The key findings are:

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 98 percent of beneficiaries in Region 4. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 4, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 4, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (76 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (65 to 69 percent) at NH Millington, Fort McClellan, and Redstone Arsenal. The percentage is highest (92 to 97 percent) at Fort Rucker and among enrollees outside of a catchment area.
- In Region 4, 83 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 77 percent at NH Pensacola to 90 percent at Fort Rucker.
- In Region 4, female beneficiaries who were enrolled in TRICARE Prime (91 to 97 percent) were more likely than their non-enrolled counterparts (81 to 85 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety percent of the female beneficiaries in Region 4 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and exceeds the 76 to 84 percent observed in the civilian sector.
- In Region 4, between 71 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Maxwell AFB and Columbus AFB, and lowest at NH Pensacola.

## 7.1 Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	23,418	97.2	97.9	95.9	99.4
Ft. McClellan (0002)	13,379	98.3	98.3	90.7	97.6
Ft. Rucker (0003)	23,136	99.0	96.0	94.0	96.1
Maxwell AFB (0004)	29,018	99.2	98.3	98.4	99.4
NH Pensacola (0038)	51,814	100.0	93.3	89.8	98.2
Eglin AFB (0042)	63,773	99.0	97.2	94.3	96.2
Tyndall AFB (0043)	22,506	98.7	96.5	95.4	96.4
Keesler AFB (0073)	40,527	97.9	97.4	95.0	98.9
Columbus AFB (0074)	5,551	100.0	98.1	95.3	98.8
NH Millington (0107)	22,431	100.0	98.6	93.1	98.3
Out/Area-Reg 4 (9904)	163,878	94.8	95.4	95.2	98.4
Region 4 Overall	459,430	98.2	96.4	94.6	98.1
MHS Average	6,094,167	97.0	96.3	95.2	97.4

### Population:

All beneficiaries

**Sample size:** 6,201

**Survey question:** 12

### What the exhibit shows:

- Percentage of beneficiaries who had a blood pressure reading in the past two years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

### Findings:

Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 98 percent of beneficiaries in Region 4. Both results exceed the civilian Healthy People 2000 goal of 90 percent.

In every catchment area of Region 4, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years.

## 7.2 Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	23,418	68.7	74.4	81.7	95.8
Ft. McClellan (0002)	13,379	66.5	71.5	83.0	95.9
Ft. Rucker (0003)	23,136	97.0	73.0	83.8	88.5
Maxwell AFB (0004)	29,018	81.5	80.5	84.8	95.3
NH Pensacola (0038)	51,814	76.8	74.9	71.9	91.8
Eglin AFB (0042)	63,773	80.0	75.2	79.0	91.3
Tyndall AFB (0043)	22,506	75.0	75.8	84.2	92.7
Keesler AFB (0073)	40,527	77.8	74.7	70.7	94.0
Columbus AFB (0074)	5,551	87.4	82.2	79.4	96.1
NH Millington (0107)	22,431	64.6	73.5	89.4	94.9
Out/Area-Reg 4 (9904)	163,878	91.6	78.3	87.0	92.2
Region 4 Overall	459,430	80.7	76.1	83.1	92.7
MHS Average	6,094,167	78.2	72.6	81.1	93.0

**Population:**

All beneficiaries

**Sample size:** 6,201**Survey question:** 13**What the exhibit shows:**

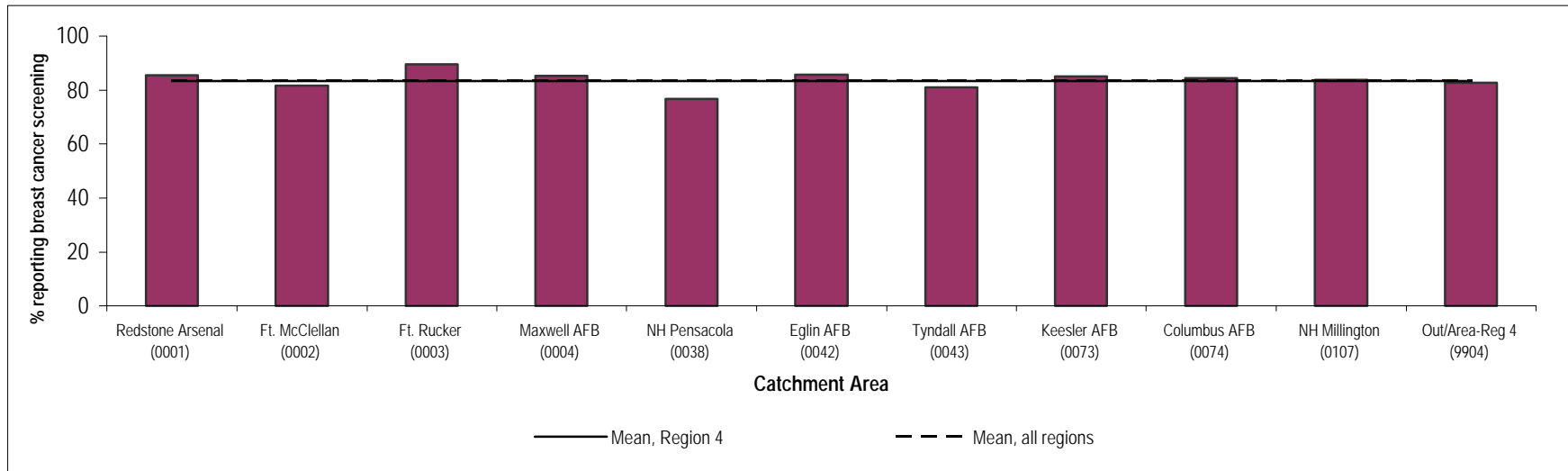
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

In Region 4, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (76 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent.

Across catchment areas in Region 4, the percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (65 to 69 percent) at NH Millington, Fort McClellan, and Redstone Arsenal. The percentage is highest (92 to 97 percent) at Fort Rucker and among enrollees outside of a catchment area. More than 90 percent of non-enrollees age 65 or over had such a screening in every catchment area except Fort Rucker.

### 7.3 Breast Cancer Screening


**Population:**

Female beneficiaries age 50 or over

**Sample size:** 1,755

**Vertical axis:**

The percent of the sample that was "checked by mammography or other X-ray-like procedure" during the two years preceding their survey response

**Survey question:** 26

**What the exhibit shows:**

- Percentage of female beneficiaries over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary across catchment areas

**Findings:**

In Region 4, 83 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 77 percent at NH Pensacola to 90 percent at Fort Rucker.



## 7.4 Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	13,012	100.0	95.2	85.9	85.3
Ft. McClellan (0002)	7,100	100.0	88.7	69.0	82.9
Ft. Rucker (0003)	12,694	100.0	93.7	92.2	78.5
Maxwell AFB (0004)	15,903	94.4	96.9	86.1	78.5
NH Pensacola (0038)	25,558	91.7	91.4	79.1	83.0
Eglin AFB (0042)	35,928	95.3	94.5	86.7	82.9
Tyndall AFB (0043)	11,879	100.0	91.7	87.3	81.4
Keesler AFB (0073)	22,563	100.0	93.5	80.7	83.6
Columbus AFB (0074)	2,806	92.1	94.0	79.8	86.6
NH Millington (0107)	12,441	100.0	93.5	83.6	79.6
Out/Area-Reg 4 (9904)	80,937	100.0	85.1	85.1	80.4
Region 4 Overall	240,820	97.2	91.4	84.6	81.4
MHS Average	3,013,030	96.0	91.2	85.5	80.3

**Population:**

All female beneficiaries

**Sample size:** 3,203**Survey question:** 24**What the exhibit shows:**

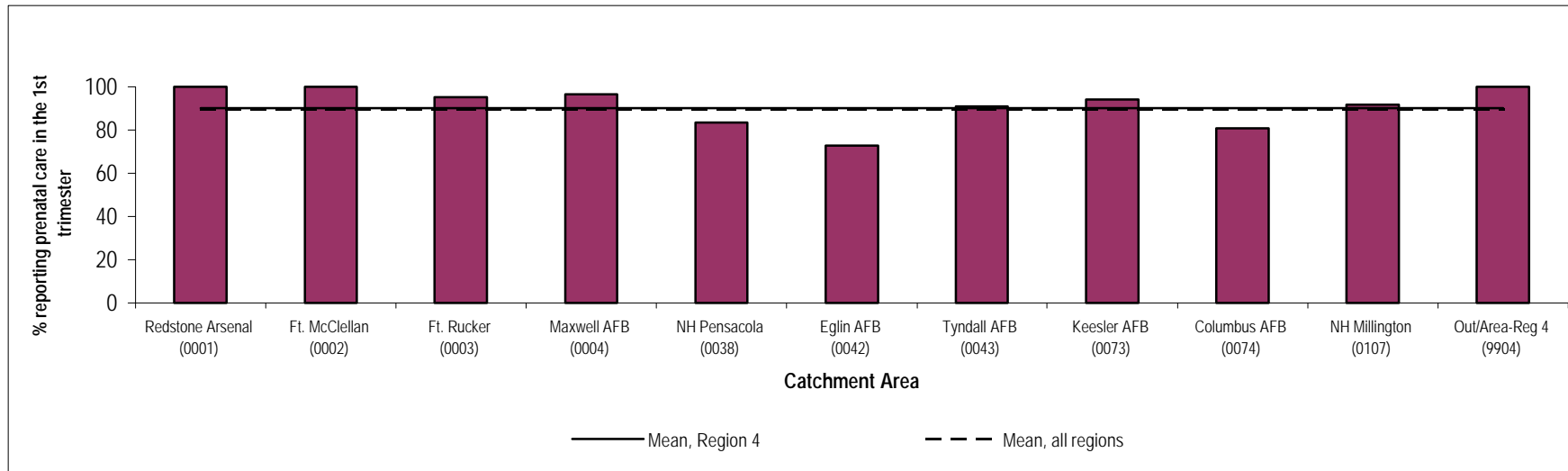
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

In Region 4, female beneficiaries who were enrolled in TRICARE Prime (91 to 97 percent) were more likely than their non-enrolled counterparts (81 to 85 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

The sample of female active duty enrollees in Region 4 is too small to yield accurate estimates for individual catchment areas.

## 7.5 Timing of First Prenatal Care



### Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

**Sample size:** 173

### Vertical axis:

The percent of the sample who reported having received care for their pregnancy from a doctor or other health professional during the first trimester

**Survey question:** 29

### What the exhibit shows:

- Percentage of pregnant beneficiaries who reported having received prenatal care at some point in the first trimester
- How findings vary across catchment areas

### Findings:

Ninety percent of the female beneficiaries in Region 4 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and is about equal to the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

The sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates for individual catchment areas. In several catchment areas (Redstone Arsenal, Fort McClellan, and outside of Region 4 catchment areas) all of the women in the sample received prenatal care in the first trimester.

## 7.6 Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	6,567	100.0	52.5	73.7	86.7
Ft. McClellan (0002)	2,595	66.7	81.0	78.7	81.6
Ft. Rucker (0003)	4,928	0.0	44.0	83.6	83.4
Maxwell AFB (0004)	6,710	66.5	78.0	92.1	90.8
NH Pensacola (0038)	12,229	100.0	85.0	66.1	77.8
Eglin AFB (0042)	11,582	100.0	81.7	77.7	81.6
Tyndall AFB (0043)	5,033	0.0	79.1	76.1	86.4
Keesler AFB (0073)	8,496	0.0	84.6	64.0	87.9
Columbus AFB (0074)	1,076	50.0	78.9	87.5	94.6
NH Millington (0107)	6,991	100.0	67.7	81.3	88.6
Out/Area-Reg 4 (9904)	56,987	87.8	76.3	65.3	87.2
Region 4 Overall	123,196	84.9	77.0	70.9	86.0
MHS Average	1,497,312	68.9	75.1	72.5	84.3

### Population:

Male beneficiaries age 50 or over

**Sample size:** 1,845

**Survey question:** 23

### What the exhibit shows:

- Percentage of male beneficiaries age 50 or over who had a prostate screening within two years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

### Findings:

In Region 4, between 71 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. Men under age 65 and not enrolled in TRICARE Prime were the least likely to have had such a screening (71 percent), while non-enrollees age 65 or over were the most likely (86 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

The sample of male active duty enrollees age 50 or over is too small to yield accurate estimates for individual catchment areas. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Maxwell AFB and Columbus AFB, and lowest at NH Pensacola.

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Chapter

8

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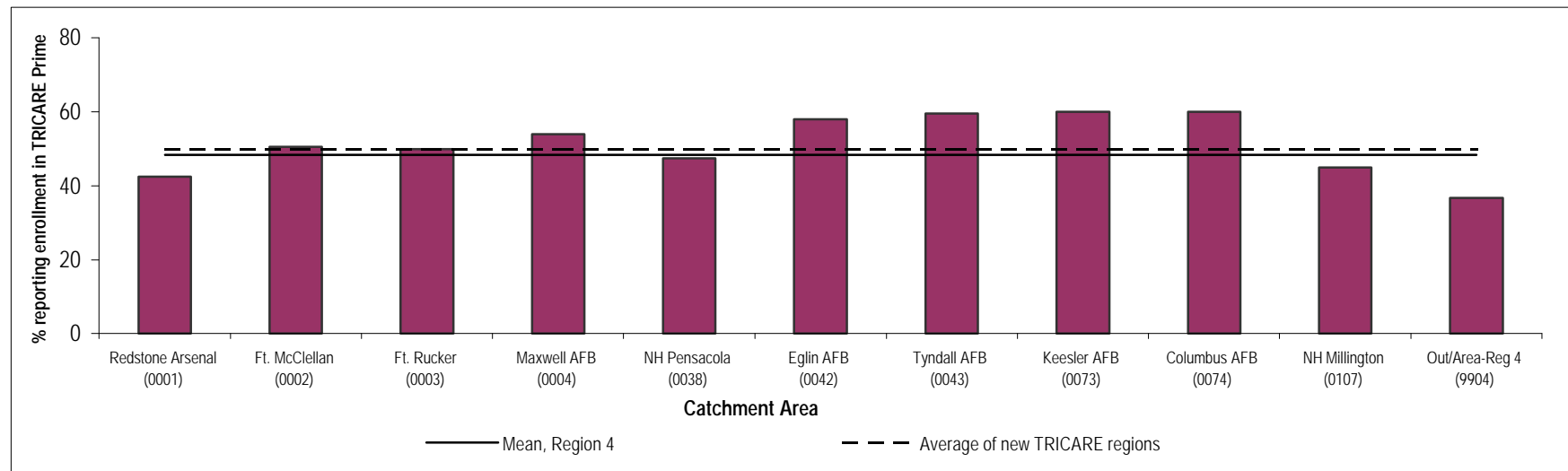
## Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percentage of beneficiaries whose composite physical health score is lower than the national median score for their age.

### The key findings are:

- Of the beneficiaries in Region 4 who reported knowing at least a little about TRICARE, 48 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (37 to 42 percent) at Redstone Arsenal and among beneficiaries outside of a catchment area. The level of enrollment is highest (60 percent) at Keesler AFB and Columbus AFB.
- In Region 4, between 43 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 43 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Redstone Arsenal and NH Pensacola tend to be less healthy than the average active duty enrollee in Region 4, while those at Columbus AFB and Tyndall AFB tend to be healthier than the average active duty enrollee.

## 8.1 Enrollment in TRICARE Prime



### Population:

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 4,167

### Vertical axis:

The percent of the sample enrolled in TRICARE Prime as of the time of their survey response

**Survey question:** 76

### What the exhibit shows:

- The proportion of beneficiaries in each catchment area who are enrolled in TRICARE Prime
- How findings for catchment areas in Region 4 compare to the average for Region 4 and to the average for all new TRICARE regions

### Findings:

Of the beneficiaries in Region 4 who reported knowing at least a little about TRICARE, 48 percent are enrolled in TRICARE Prime. This is about equal to the level of enrollment in the average new TRICARE region (50 percent). New TRICARE regions (3, 4, and 7/8) are those that began to implement TRICARE between April 1996 and March 1997.

Across catchment areas in Region 4, the level of enrollment in TRICARE Prime is lowest (37 to 42 percent) at Redstone Arsenal and among beneficiaries outside of a catchment area. The level of enrollment is highest (60 percent) at Keesler AFB and Columbus AFB.

## 8.2 Percent of Beneficiaries in Each Catchment Area with a Composite Physical Health Score Below the Median Score for the Age Group

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Redstone Arsenal (0001)	23,418	47.5	63.5	54.6	56.8
Ft. McClellan (0002)	13,379	39.3	53.5	68.0	56.8
Ft. Rucker (0003)	23,136	44.7	57.3	55.8	60.7
Maxwell AFB (0004)	29,018	41.3	51.7	54.0	62.6
NH Pensacola (0038)	51,814	51.2	53.5	61.0	51.4
Eglin AFB (0042)	63,773	43.0	49.5	59.2	52.4
Tyndall AFB (0043)	22,506	36.6	48.8	52.3	56.9
Keesler AFB (0073)	40,527	44.6	57.3	62.0	64.4
Columbus AFB (0074)	5,551	29.7	60.5	57.4	59.0
NH Millington (0107)	22,431	40.3	52.4	51.9	55.2
Out/Area-Reg 4 (9904)	163,878	40.5	54.8	53.8	52.6
Region 4 Overall	459,430	43.4	54.0	55.8	54.9
MHS Average	6,094,167	43.3	54.3	54.0	51.5

### Population:

All beneficiaries

**Sample size:** 6,201

**Survey questions:** 1-7

### What the exhibit shows:

- The proportion of beneficiaries in each catchment area whose composite physical health score falls below the median score for the age group
- How the findings vary by enrollment status and type of enrollee

### Findings:

In Region 4, between 43 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. A result of 50 percent would mean that, in terms of health status, beneficiaries in Region 4 are comparable to their counterparts in the civilian population. The result of 43 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age.

Active duty enrollees at Redstone Arsenal and NH Pensacola tend to be less healthy than the average active duty enrollee in Region 4, while those at Columbus AFB and Tyndall AFB tend to be healthier than the average active duty enrollee.

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## Chapter

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## Performance Improvement Plan

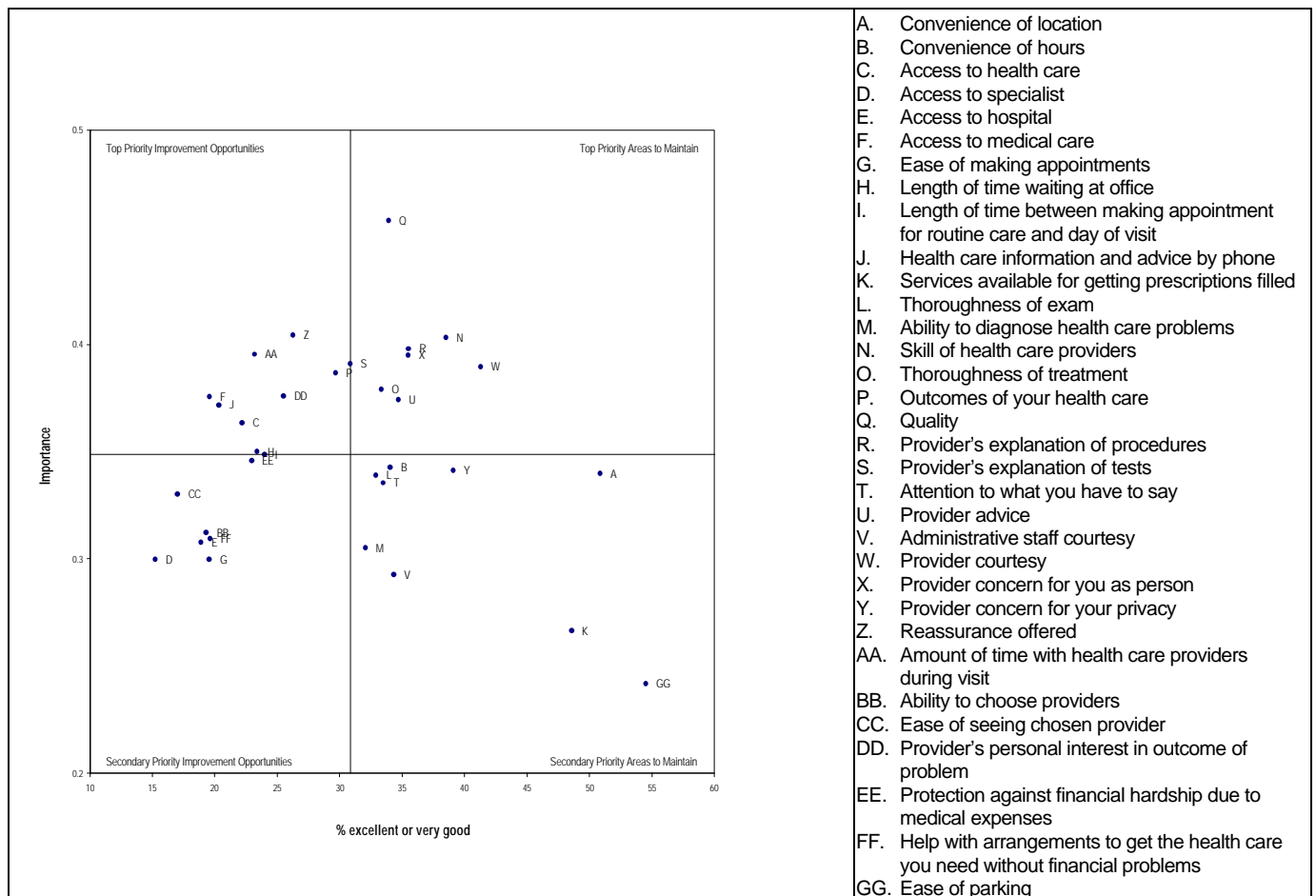
This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 4. The purpose of each Performance Improvement Plan is to summarize the responses to numerous satisfaction questions in the HCSDB so that the patterns underlying these responses are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction in the catchment area.

Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that offer the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the catchment area.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** Low importance in determining overall satisfaction and low beneficiary satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain are in the bottom right quadrant.** These aspects of health care are characterized by low importance in determining overall satisfaction and high beneficiary satisfaction. These areas appear to be meeting beneficiaries' expectations.

**Figure 9.1 Performance Improvement Plan for Redstone Arsenal (0001)****Findings:**

The following aspects of military health care at Redstone Arsenal were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

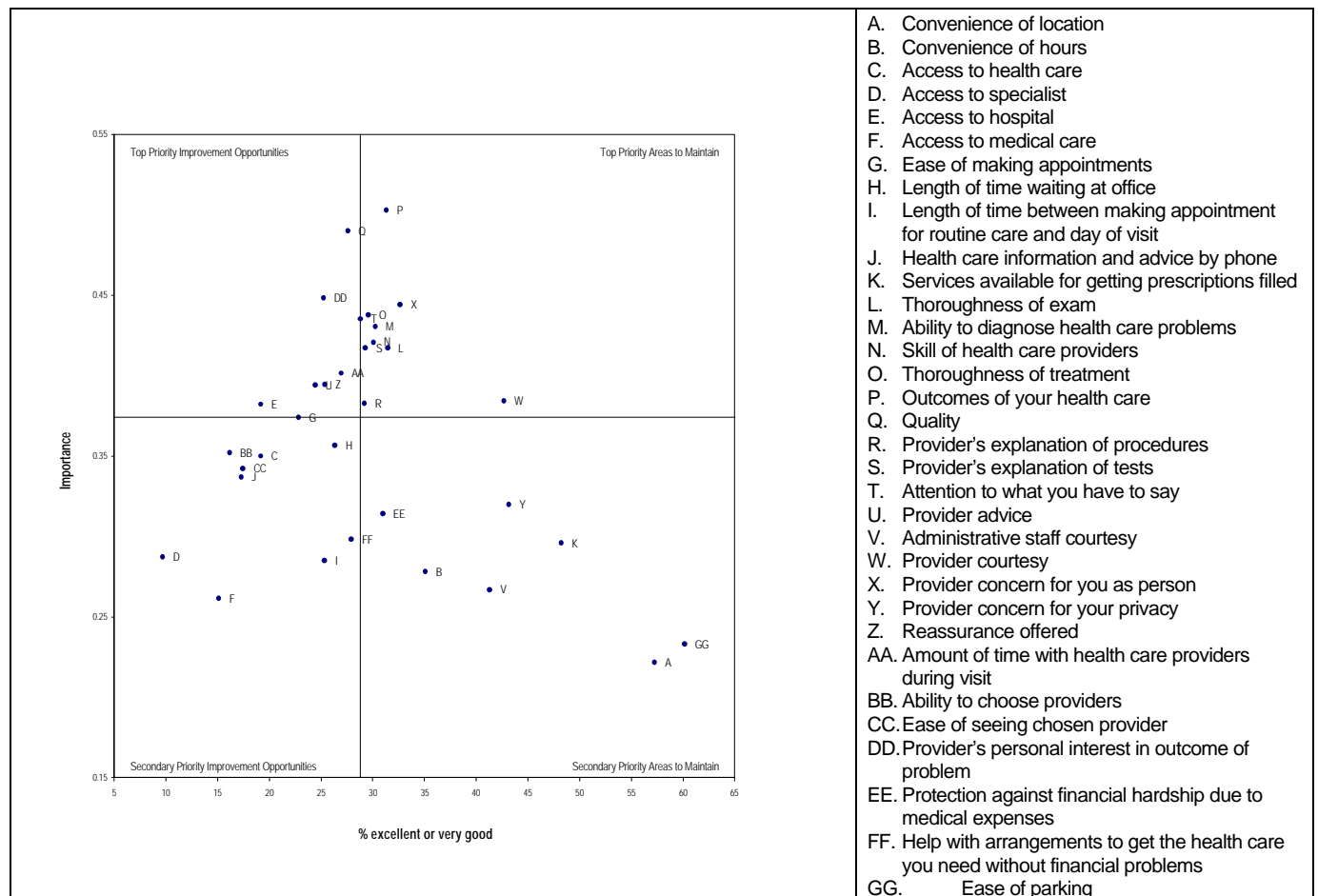
- Access to health care whenever you need it (C)
- Access to medical care in an emergency (F)
- Length of time you wait at office to see the provider (H)
- Length of time between making an appointment for routine care and the day of your visit (I)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- The outcomes of your health care (how much you are helped) (P)
- Provider's explanation of medical tests (S)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.2 Performance Improvement Plan for Ft. McClellan (0002)****Findings:**

The following aspects of military health care at Fort McClellan were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

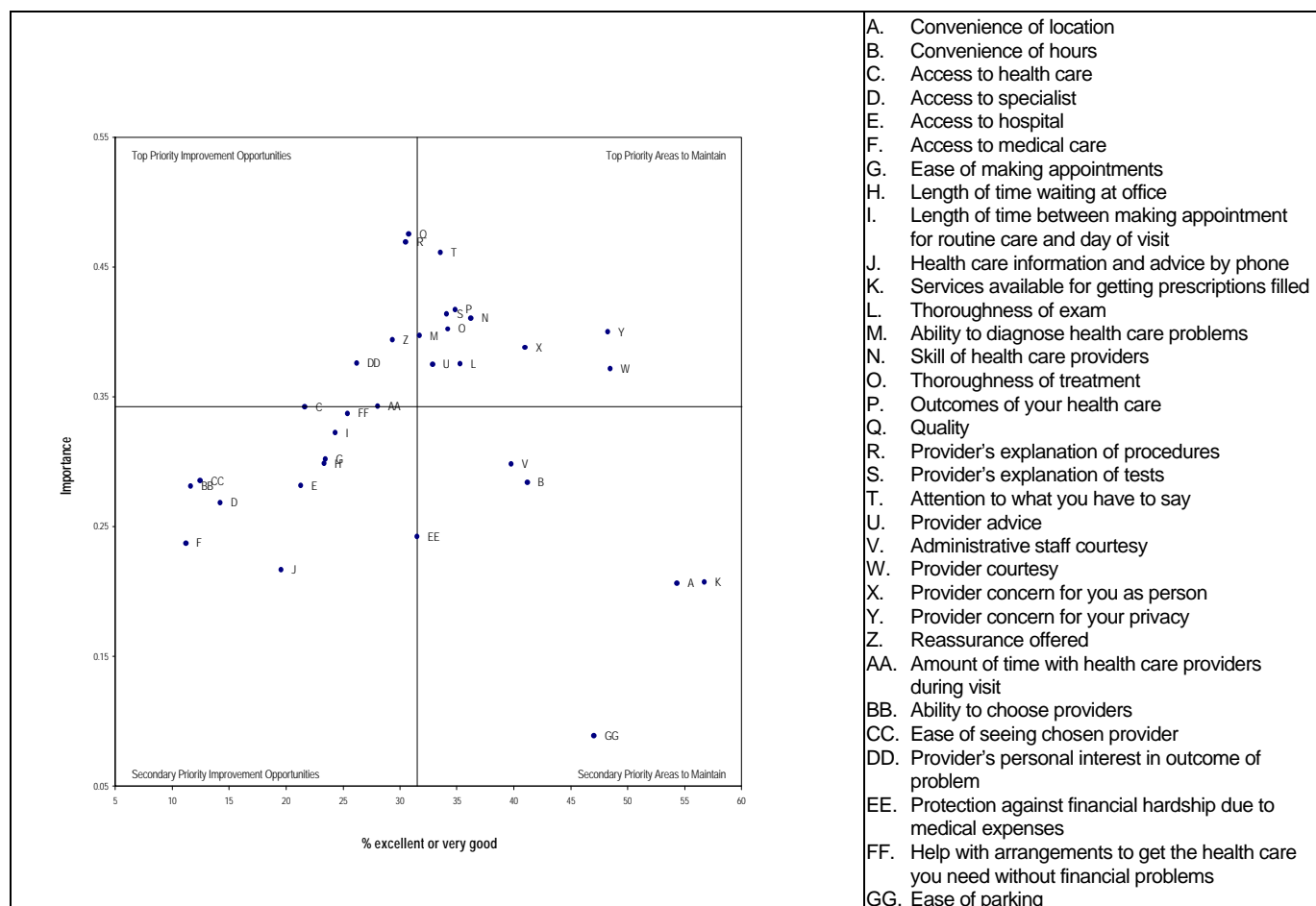
- Access to hospital care if you need it (E)
- Ease of making appointments for health care by phone (G)

**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Attention provider gives to what you have to say (T)
- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.3 Performance Improvement Plan for Ft. Rucker (0003)****Findings:**

The following aspects of military health care at Fort Rucker were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

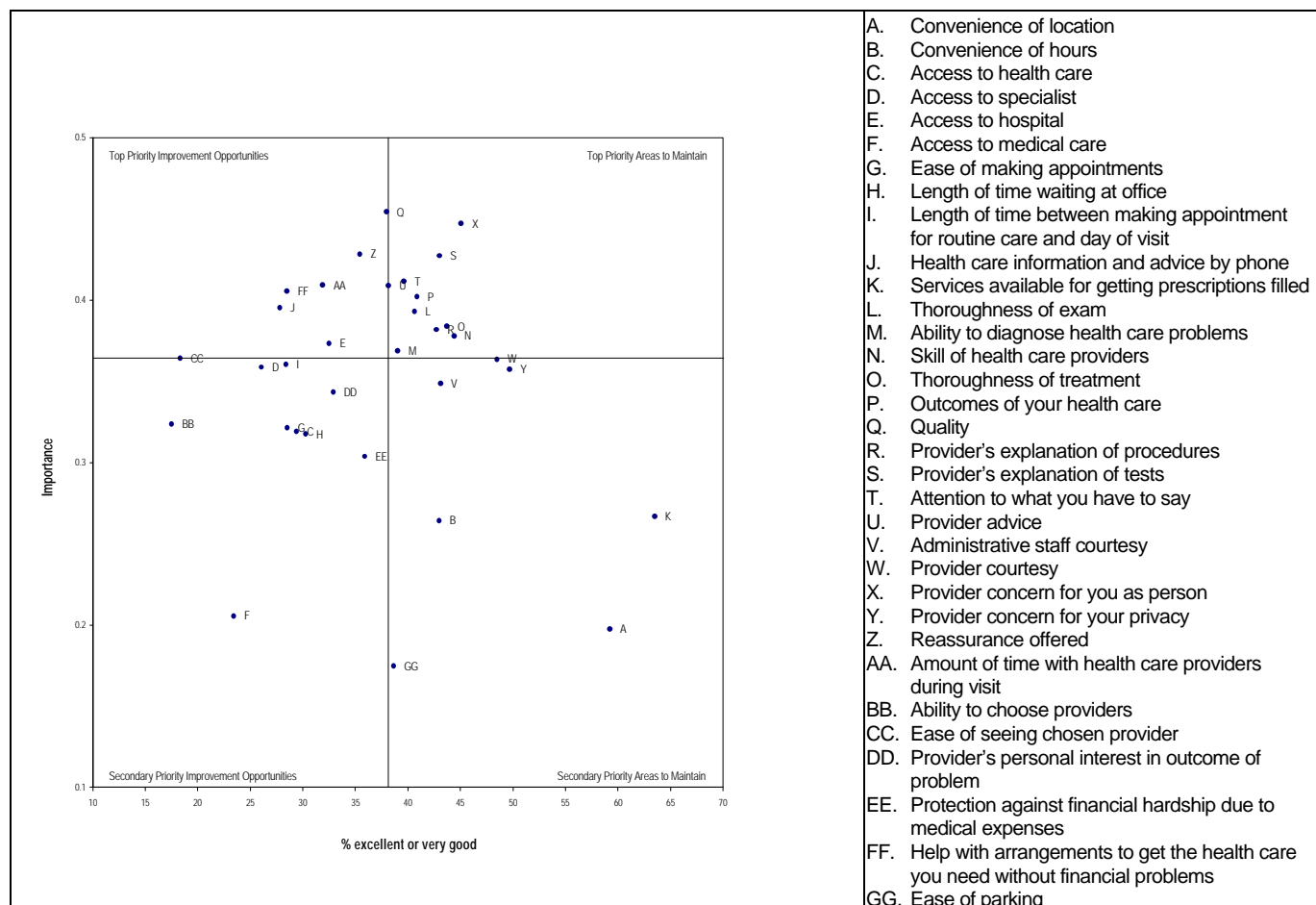
- Access to health care whenever you need it (C)

**Quality of Care**

- Overall quality of health care (Q)
- Provider's explanation of health care procedures (R)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.4 Performance Improvement Plan for Maxwell AFB (0004)****Findings:**

The following aspects of military health care at Maxwell AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to hospital care if you need it (E)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

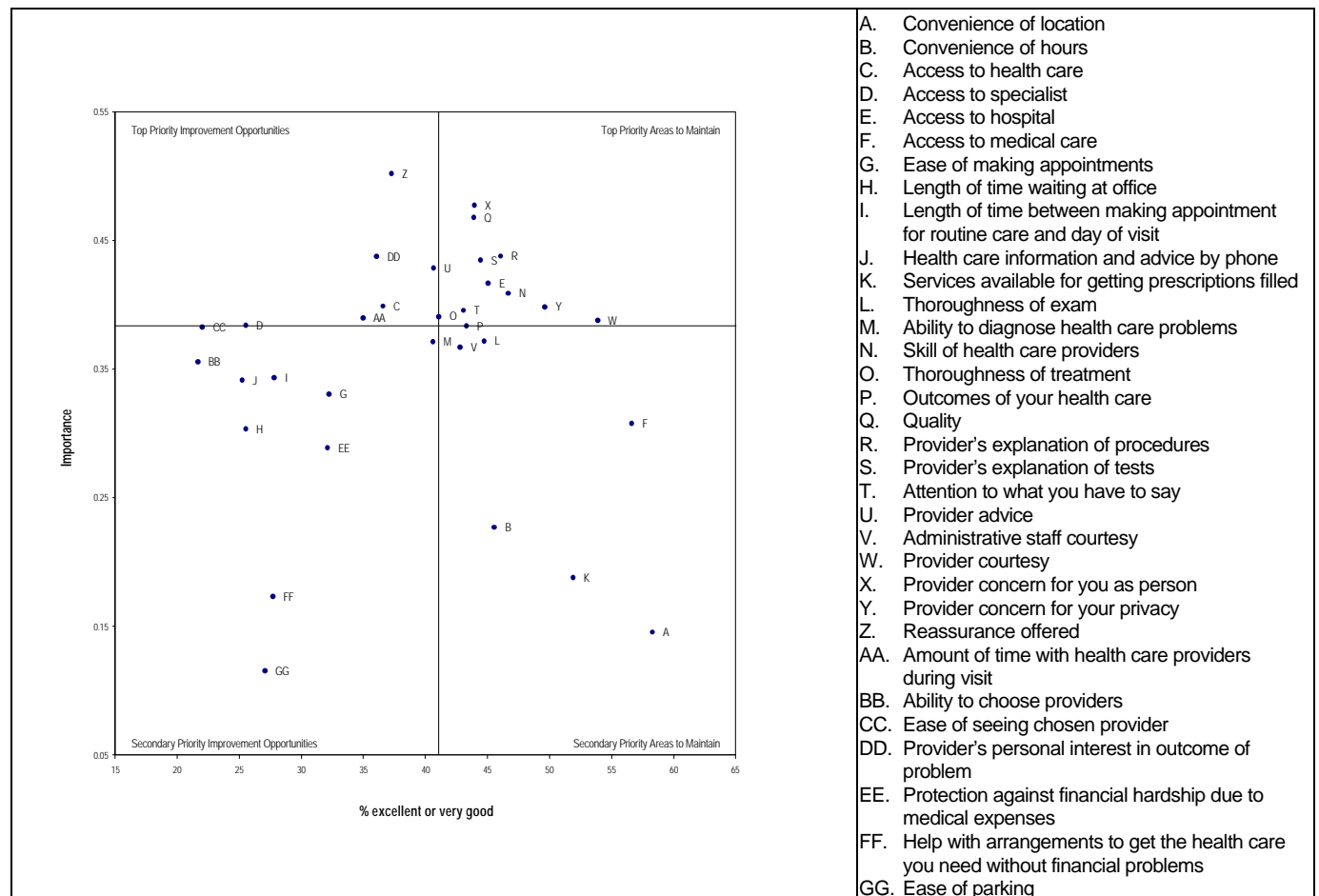
- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Finances**

- Help with arrangements to get the health care you need without financial problems (FF)

**Figure 9.5 Performance Improvement Plan for NH Pensacola (0038)****Findings:**

The following aspects of military health care at NH Pensacola were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

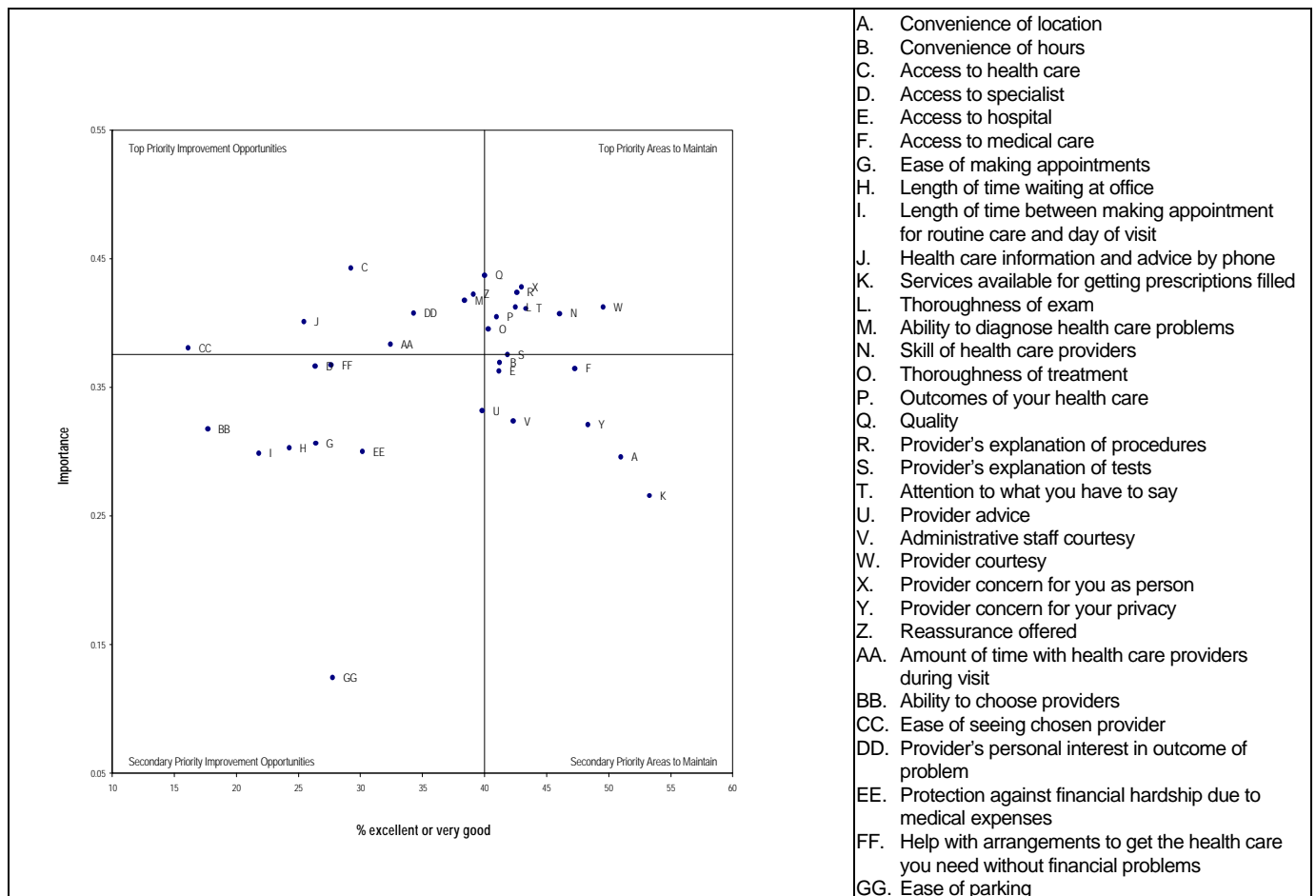
- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)

**Quality of Care**

- Thoroughness of treatment (O)

**Concern Shown by Health Care Providers**

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.6 Performance Improvement Plan for Eglin AFB (0042)****Findings:**

The following aspects of military health care at Eglin AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Availability of health care information or advice by phone (J)

**Quality of Care**

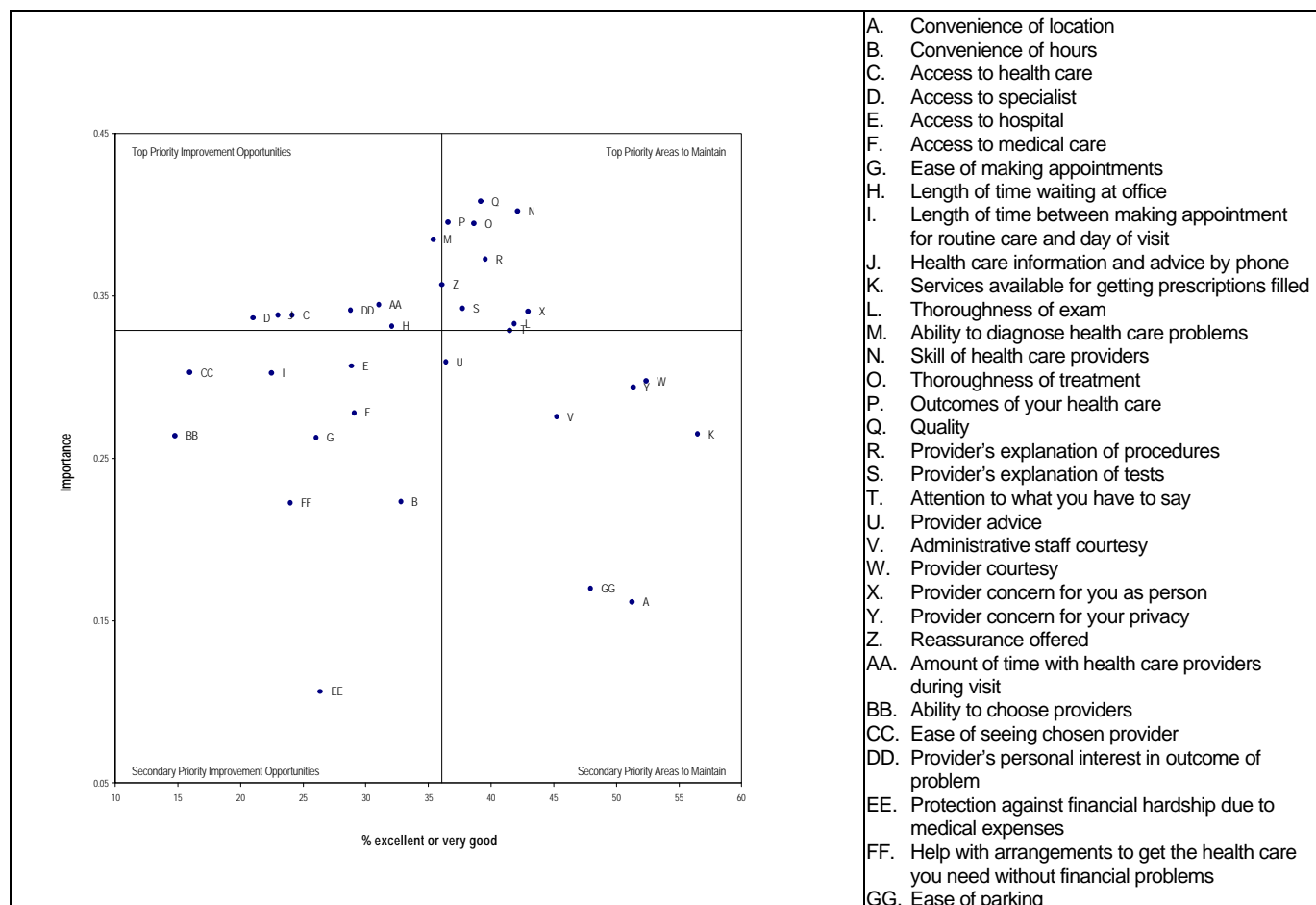
- Ability to diagnose your health care problems (M)
- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Figure 9.7 Performance Improvement Plan for Tyndall AFB (0043)****Findings:**

The following aspects of military health care at Tyndall AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)
- Length of time you wait at office to see the provider (H)
- Availability of health care information or advice by phone (J)

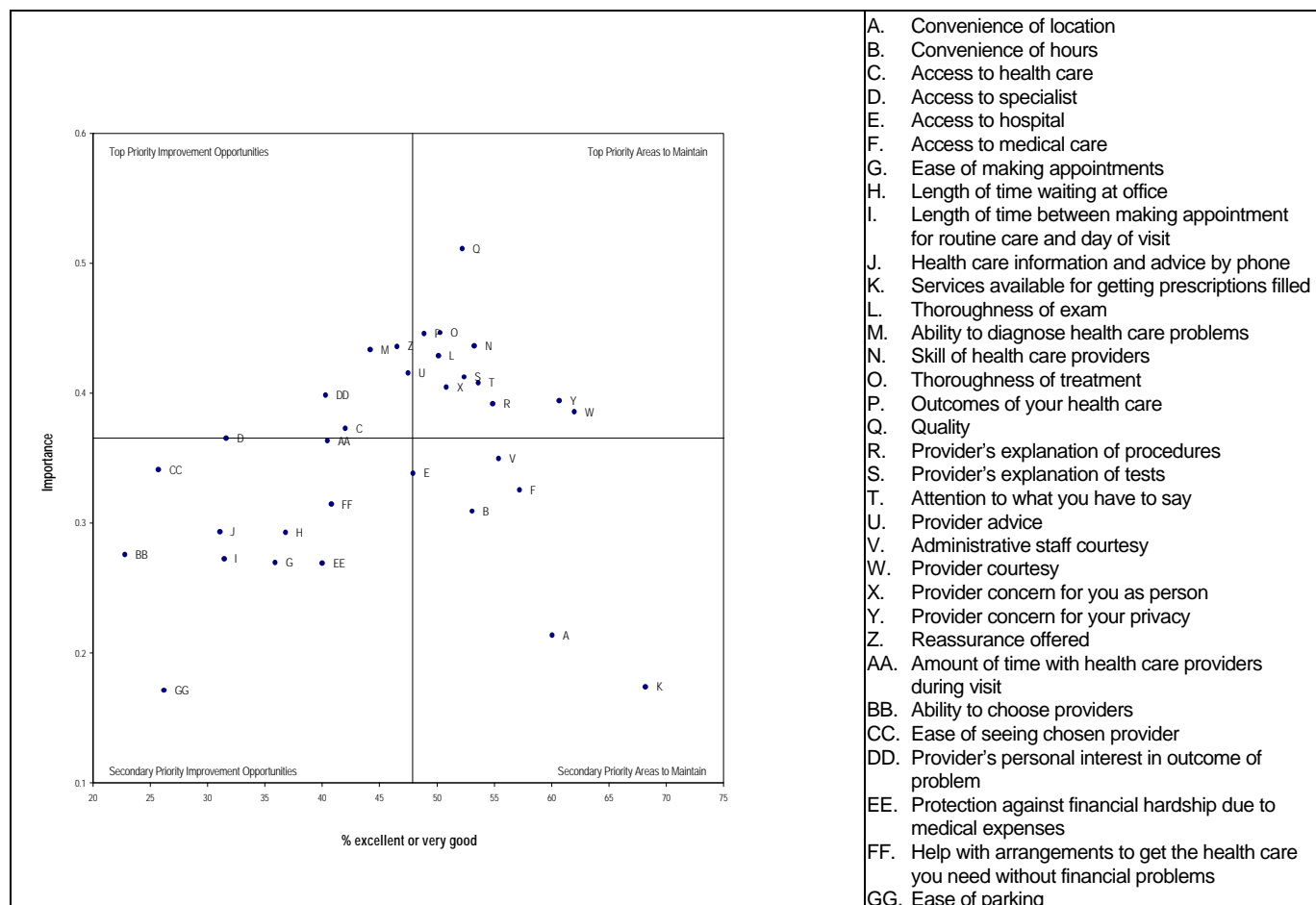
**Quality of Care**

- Ability to diagnose your health care problems (M)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)



**Figure 9.8 Performance Improvement Plan for Keesler AFB (0073)****Findings:**

The following aspects of military health care at Keesler AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

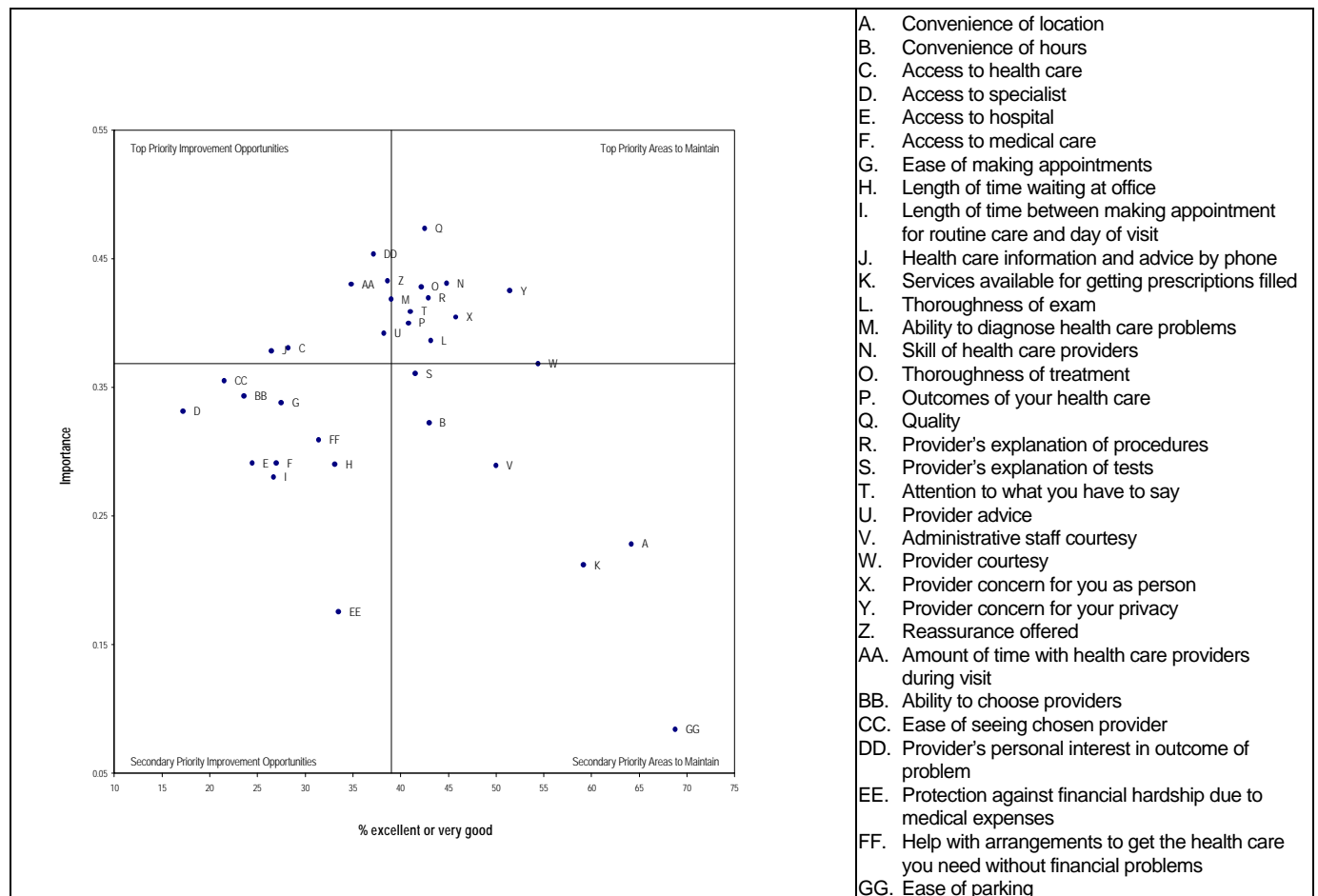
- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)

**Quality of Care**

- Ability to diagnose your health care problems (M)

**Concern Shown by Health Care Providers**

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.9 Performance Improvement Plan for Columbus AFB (0074)****Findings:**

The following aspects of military health care at Columbus AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

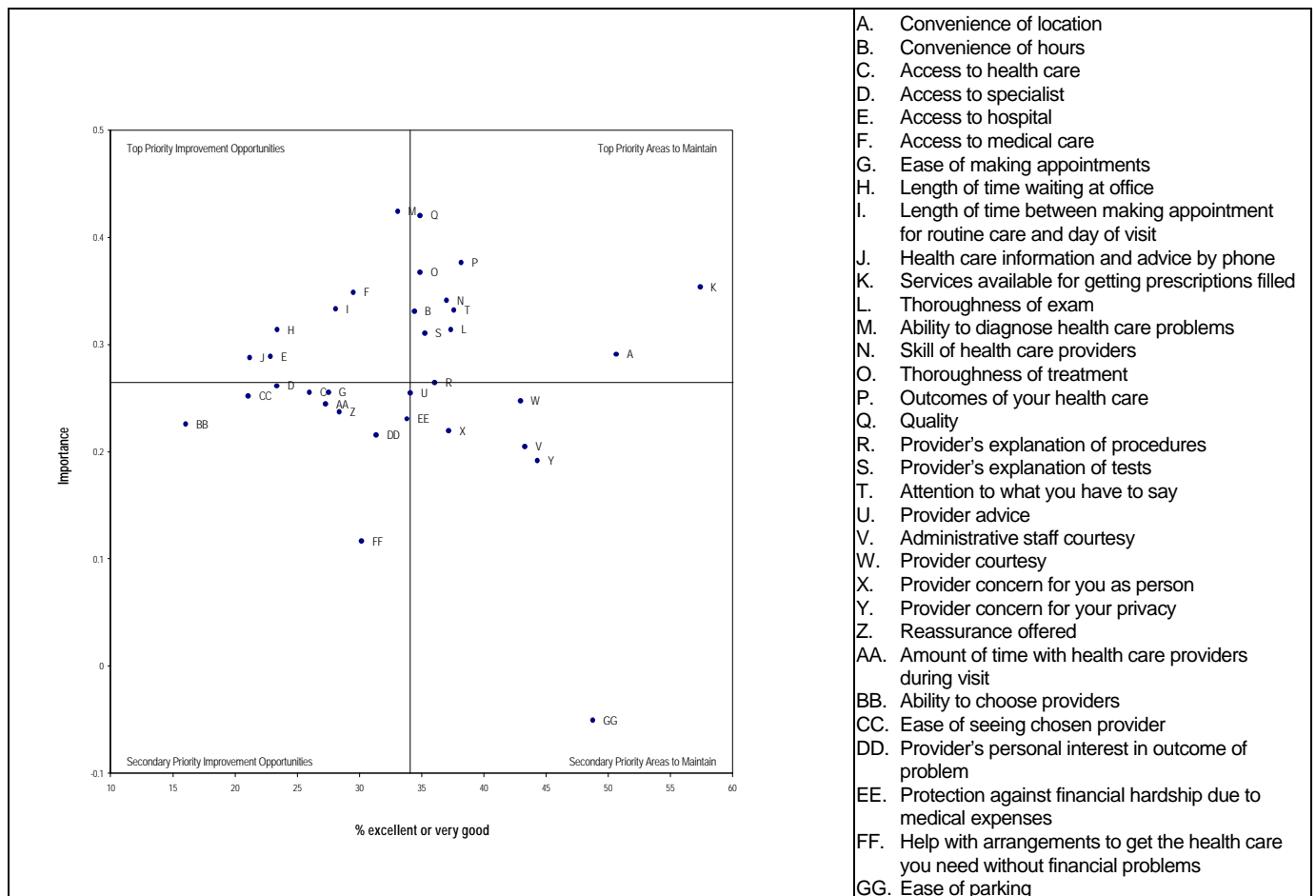
- Access to health care whenever you need it (C)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Ability to diagnose your health care problems (M)

**Concern Shown by Health Care Providers**

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.10 Performance Improvement Plan for NH Millington (0107)**

- A. Convenience of location
- B. Convenience of hours
- C. Access to health care
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office
- I. Length of time between making appointment for routine care and day of visit
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam
- M. Ability to diagnose health care problems
- N. Skill of health care providers
- O. Thoroughness of treatment
- P. Outcomes of your health care
- Q. Quality
- R. Provider's explanation of procedures
- S. Provider's explanation of tests
- T. Attention to what you have to say
- U. Provider advice
- V. Administrative staff courtesy
- W. Provider courtesy
- X. Provider concern for you as person
- Y. Provider concern for your privacy
- Z. Reassurance offered
- AA. Amount of time with health care providers during visit
- BB. Ability to choose providers
- CC. Ease of seeing chosen provider
- DD. Provider's personal interest in outcome of problem
- EE. Protection against financial hardship due to medical expenses
- FF. Help with arrangements to get the health care you need without financial problems
- GG. Ease of parking

**Findings:**

The following aspects of military health care at NH Millington were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to hospital care if you need it (E)
- Access to medical care in an emergency (F)
- Length of time you wait at office to see the provider (H)
- Length of time between making an appointment for routine care and the day of your visit (I)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Ability to diagnose your health care problems (M)